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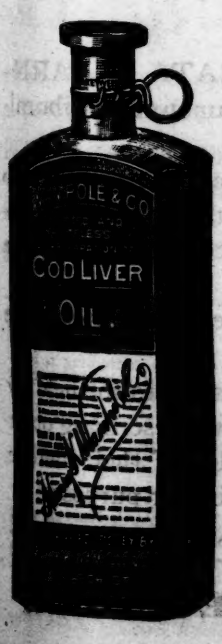

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The Times and Register.

Vol. XXII, No. 20. NEW YORK AND PHILADELPHIA, MAY 16, 1891. Whole No. 652.

Clinical Lecture.

MONOMANIA.

BY JAMES HENDRIE LLOYD, M.D.,

Visiting Physician to the Nervous and Insane Department of the Philadelphia Hospital.

GENTLEMEN:—As I told you last week, general paralysis of the insane is the one insanity which has a definite pathology. It is a disease or degeneration of the cortex and other elements of the brain, which can be demonstrated by the knife and the microscope. It is the form of insanity which is distinguished by that one fact.

To-day, I speak of a form of insanity which is not marked by a definite pathology—monomania.

We know of no pathology, in the sense of a characteristic degeneration or change of cells, which can be demonstrated in this disease.

Ever since the time of Hippocrates, the word melancholia has been used to designate a certain kind of insanity. The word means *black bile*, on the presence of which the condition was supposed to depend. For a long time, then, the word melancholia has been used. It designates a certain broad class of the insane, marked by sadness, depression of spirits, and by the fact that the patients are more or less only partially insane. They are not raving maniacs, but have some control of the mind, and are insane on a few separate ideas or trains of ideas; they are partially insane. The word has been used in that sense to our own day. In the early part of this century Esquirol, a French writer, made a further subdivision of insanity. He saw that a number of the insane have insane ideas only on a few points, but are not truly melancholy. He devised the word monomania, meaning insanity on one subject. He further observed that monomaniacs are of two kinds; they are the monomaniacs who are sad (the old melancholics), whose thoughts run on depressing ideas, and the insane who are more or less exalted, who have exalted ideas of their own importance, entirely different from the sad feelings of the melancholics. Those who are depressed were called lypemaniacs, and those who are exalted were called monomaniacs. These are the insane who are not raving maniacs, they are only partially insane; that is to say, they are often insane on very few ideas; they are the lunatics who, on most subjects, could talk as rationally as you and I. They are, moreover, the insane who can conceal their insanity. They supply nearly all the material for medical jurisprudence. They are the insane who are leaders of wild religious movements, who think themselves called upon to perform some great commission, who believe that they are emperors and kings; further than that, they sometimes think themselves divine beings. This class, the monomaniacs, are marked especially by this one characteristic—that they have systematized and fixed delusions. In general paresis the patients have unsystematized and unfixed delusions. A fixed delusion is one that persists—the same yesterday, to-day, and sometimes during the whole life. It is one which coheres in all its parts; it is a well rounded out idea, established on a false basis or premise, but logically followed out to all its conclusions. For instance, here is a man who believes he is Jesus Christ; or, here is a woman who believes that she is the inventor of some great and useful instrument. That man or woman entertaining that belief, works on it, just as you would if

you believed it—just as you would if it were so. The monomaniac does the right thing, but on the wrong premise. The patent office is so troubled with such people, who think they have discovered machines for perpetual motion, that they have printed circulars to send to them, explaining that perpetual motion is impossible.

Again, monomania has certain other characteristics in its worst classes. For instance, two symptoms which are found in some, though not all, of them, are the so-called hallucinations of hearing and sight. They are not uncommon in the insane, and are not confined to monomania.

A hallucination is a false sensorial belief. A man hears the voice of a friend or of God; that is an aural hallucination; he does not really hear the voice. The insane shut up in our wards hear the voices of persons speaking to them. Very often these voices are extremely irritating or offensive, calling opprobrious names; calling upon them to commit vulgar outrages or criminal acts. These are the hallucinations which often impel the patient to act, and constitute an element of danger in this class. These aural hallucinations are the most common.

Next in importance are the hallucinations of sight. The patients see things which do not exist. They are simply subjective disorders of the cortex of the brain.

Again there are tactile hallucinations. I recollect an old colored man, in this hospital, who thought he was entirely encased in a web—a sort of serpent's skin—and it was extremely annoying to him. Sometimes these hallucinations are evidently founded upon disordered sense impressions. I believe the colored man had some form of anæsthesia or paræsthesia, due to a central derangement which he misinterpreted.

We have also hallucinations of smell and taste. These are not very common, however. The patients say their enemies put disgusting things in their mouths, etc.

To resume again the historical aspect of the subject. After the French had made this broad distinction, critics said, "There is no such thing as a man insane on one notion only." That is true. These patients are not insane on one notion only; they usually have trains of wrong ideas. The word is only approximately correct. The Germans, taking up the subject, demonstrated the fact that these monomaniacal ideas, these systematized delusions, are apt to occur in certain types, which we call the neurotic, hereditary, or the degenerative types of the human race. In other words, they are established on a constitutional or hereditary basis. They are, therefore, most positively of all the insane, the hereditarily insane. Broaden your ideas and take in this one thought. This hereditary tendency or ground-work for insanity was named by the Germans *primare verructheit*, a term which means a constitutional twist in the individual; a tendency to see things in the wrong light; a tendency to form delusional ideas. It was a valuable generalization, because it broadened the subject out and gave a firmer grasp upon it. More recently these insane have been called *paranoiacs*, a term which you will probably see henceforth more frequently in the books and journals. There are many varieties of them, according to the extent of their inherited deficiencies and their individual peculiarities. Nature does everything by degrees, nothing *per saltum*, or by fits and starts. Hence we see this broad class including all grades, from the most confirmed delusional monomaniac to the man whose oddities interfere neither with his capacity for success nor with his moral responsibility. This class has many individuals who are on the border-line between health and disease; who go through life as well-recognized "cranks;" who do eccentric, troublesome, even criminal acts. Here the connection between criminality and insanity comes in; here the long fight on the subject of the insanity of Guiteau occurred. He did not have any positively systematized delusions; but he had erroneous, extravagant, delusional ideas; not going so far that it could be demonstrated incontestably before a jury that he had systematized delusions. While he had relatives in insane asylums, yet his own insanity was not allowed, partly because of popular passion. These cases sometimes begin very early in life. They are troublesome and wicked, and give us many instances of juvenile crime. They are those who set fire to buildings, and are called juvenile pyromaniacs and moral imbeciles.

Some cases which will puzzle you as practitioners are the cases of "insanity of doubt," as the French call them, *Folie du doute*.

Some years ago I was called to see a lady who had been brought on from New Orleans to be placed in a Philadelphia asylum. She was a case of this insanity of doubt. She came of a bad family, but had never been insane herself. She had always been nervous, hysterical, hypochondriacal, full of morbid impulses and delusional ideas, which were just on the border line of insanity, which were beginning to form into sytematized delusions. This woman, for instance, would have such a notion as this: On going to bed she would think her skirt had not been taken off right, and would put it on again; this she might repeat forty times. At last she would get into bed, and thinking the gas was not out in the parlor, would oblige her husband to arise many times in the night to see that it was out. Such people are called fools, but it is not folly when it is in your own household. This patient was on the border line of monomania; was one of those constitutional, hereditary, twisted sticks. There was a family history of insanity, and her father had been a hard drinker. We see this class often dove-tailed in with that of a literary and artistic character. Some say that the world has been made a great deal better by some of the monomaniacs. If you look into the history of art, science, and letters you find not a few examples of genius flourishing in this soil of paranoia.

The insanity of doubt is instructive also, because it is allied to some morbid mental processes which lead sometimes to criminal actions. When such a patient infringes the law it is often hard to demonstrate the insanity. For instance, we see some patients with "imperative conceptions," as they are called. One man told me that whenever he shaved he had an impulse to kill his wife. His mental health was otherwise good, and he had no motive for such a crime, from which he shrank with horror. He was so distressed about it that he sought medical advice. A case is given by a French writer of a woman, just confined, who had such an impulse to kill her child, and begged to have the child removed from her. She conceived this idea from reading of the trial of a woman for a similar crime.

Here is a man who gives you a very good demonstration of how a monomaniac will assert himself. He becomes angry just as you would if I said you had an insane idea. Although he has been in this hospital for two years, he believes he owns sixty-four houses, and when I bring him before you, and say he

has a delusion, he defends that delusion, even to the extent of threatening me with voice and gesture.

As to the pathology or morbid anatomy of these cases they have no distinct morbid anatomy or pathology. What they do have is this. Being constitutional, and founded on original faulty development they sometimes show certain peculiarities in the formation of the brain, such as asymmetry, reversion to lower types, etc. They develop asymmetrically, and these errors of development and conformation of convolutions show that these troubles began away back at the earliest period of embryological life. These monomaniacs depend on an original faulty develop ment. They are primarily insane, but there is another class of the insane, who have delusions, who are called the chronic insane, and may be confounded with the monomaniacs. Some of the English still refuse to recognize these monomaniacs as anything more than the chronic insane. The chronic insane are those who, having gone through attacks of acute insanity, as delirium, mania, or melancholia, have the mind gradually shattered by these repeated storms which pass over it. They have delusions which are not so well systematized as are the fixed delusions which we have in monomania. They do not constitute, as a rule, the criminal class. They are usually talkative, and will dress themselves in all sorts of fancy clothing, if you let them do it, but have not the well systematized delusions of monomaniacs. Even the latest English writer gives monomania as simply chronic insanity. This woman illustrates this point. You observe, as she talks, that there is no coherence of ideas. She is not a case of monomania, but a case of chronic insanity, who has gone down through successive periods of maniacal excitement. She tells you that her child was killed this morning before she came here. She has a child killed every day. Now a monomaniac has a fixed and logical delusion. He would know that he could not have a child killed every morning, and would not talk about it in a laughing, flippant manner before you, as this woman does. She has not a fixed or systematized delusion.

There are different types or classes of monomanias. They are all the same disease, but different types. First, there is the monomaniac with broad delusions of grandeur. These are the patients who believe that they are some exalted personage; they believe that they have done some great thing which entitles them to large reward from the Government; they believe they are inventors. Here is a man who has a delusion of exalted personality; he believes he is Jesus Christ. That is not an uncommon form; but a more interesting class of a higher type of mind are those who believe that they have been great benefactors. We have such a woman in the hospital, fifty years of age, who has applied for and received from the Patent Office, at Washington, these regularly issued patents which I show you. They have recognized her in Washington as an eccentric woman, whose patents are of little, if any value; but she has paid her money for the patents, and has received them. We are told by Clouston of an insane man in Edinburgh, who invented a panacea for the ills of mankind; when out on parole he sold this stuff for a shilling a bottle to the sane citizens of Edinburgh, showing that he had more sense than they. This woman has invented several useless articles of wearing apparel, from which inventions she thinks she ought to receive a large annual income. She is perfectly coherent, and so reasonable in some things that some sane people think she is improperly incarcerated here. She writes a great many letters to the authorities, but in other respects is perfectly sane, and is not a little inclined to conceal her delusion. Had we brought her here this morning, we might have had a disagreeable scene.

Monomaniacs with ambitious schemes are another type. They force themselves into public notice, and seek interviews with prominent persons; if not treated with consideration, they become resentful, and perhaps dangerous. Guiteau was of this class.

Next, we have delusions of persecution and insane suspicion. There lies now in Moyamensing prison, a man under sentence of death for killing a jeweler in this city. He is a well-marked case of delusional insanity, or monomania. I have examined him several times. He believed people were after him to poison him; that his wife was unfaithful to him; that she would admit her paramours into her house while he was sleeping there. He made murderous assaults upon his wife and children, and ended by casting her into the street. He had impracticable ambitious schemes, which led him into pursuits which he could not carry out. He one day took a $2.50 watch to a jeweler, and found fault with him because the watch would not go like a first class instrument. Being ejected from the shop, he whipped out a pistol and shot the jeweler dead. This is an instance of a monomaniac resenting interference and avenging wrong. One of the most interesting cases of this kind was James Hatfield, who shot at King George III in Drury Lane Theatre, and who illustrated the fact that monomania may be ingrafted upon a traumatic, as well as an hereditary basis. He had received many wounds in battle, one of which had penetrated the brain, and left it exposed. Immediately after his recovery, he began to exhibit delusions. These eventually led him to shoot at the King in the theatre. His case was the occasion of one of the most brilliant pieces of forensic eloquence in the history of medical jurisprudence. In that speech, Erskine brought out that systematized delusion was the basis of the insanity, and on this point alone acquitted his client. These cases then are of great importance, because they constitute the vast majority of the criminal insane.

One of the most dangerous of these delusions of persecution is the delusion of marital infidelity. We had in this hospital a marked case. I remember seeing the patient in his own house, walking up and down in front of the door, keeping guard, neglecting his work, leaving his family to starve. He would at night fix feathers between the door and jamb, and fix sticks in certain ways, so that if the doors were opened the sticks and feathers would tumble down. He did this under the influence of the delusion that his wife was unfaithful, and admitted her lovers. When he arose in the morning, although sleeping alongside of his wife all night, if he found these feathers disturbed and sticks tumbled down, his delusion was confirmed. Under this delusion he became extremely dangerous; the wonder was that he did not injure his wife. He was brought here and kept for some years, when his eldest son came and took him away. I consider that woman's life in danger as long as the man is allowed to live with her.

The monomaniac sometimes transforms his delusions, or develops new ones from his environment. Thus a paranoiac with ambitious schemes, being placed in an asylum, forms a delusion that he is the victim of a conspiracy, or *vice versa;* a monomaniac with delusions that he is poisoned or otherwise persecuted concludes after awhile that he must be some great personage. This is one of the distinctions between monomania and melancholia; the melancholy

patient has always a sense of personal unworthiness, and does not transform his delusion into one of personal grandeur.

One of the other types of delusions, is the delusion of unseen agents; the delusions that unseen people or agents are acting on patients, sometimes by means of electricity. One of the most peculiar of these delusions of unseen agency was that of a man confined in the Pennsylvania Hospital for the Insane, who believed that some man had robbed him of his personal identity, and, getting out, he spent a whole day in tramping over the city hunting for that person. Had he found him no doubt he would have assaulted him. A few years ago I had in my employment a colored boy who drove for me. Seeing the students coming to this hospital, he gradually formed the idea that they were seeking him and wanted to cut him up. He bought a pistol, and carried it with him continually, so that he might defend himself. I had no knowledge of his delusion at that time. He left my service, and a short time after was confined in an asylum. He became very insane, and died of phthisis. This was an instance of a delusion being formed by environment.

A hypochondriacal delusion is one which is based upon some disordered sense; a disordered feeling in the patient's own person, from imagination or from disease; thus we hear of a patient who had a delusion of a snake inside of him, which, on examination, was found to depend on a cancerous tumor. These are delusions arising from some substantial basis. The hypochondriacs usually have some delusional idea about their own health. A marked example of this hypochondriacal monomania is this patient, whom I have only time to allude to briefly. He is one of those rare cases of self-mutilation which we occasionally read about, but seldom see. He believed that his strength was wasting away by seminal emissions. To prevent this he emasculated himself with a razor. He did this in two operations, taking one testicle out first, and then in three months the other. He almost bled to death after one of these desperate assaults upon himself. It is to be noted as very significant that instead of being cured of his delusion, he is rather confirmed in it, and asserts that there is something yet which ought to come away. What that can possibly be I do not know.

Original Articles.

ACUTE PRIMARY PNEUMONIA.

By T. G. STEPHENS, M.D.,

SIDNEY, IOWA.

THE literature of medicine, as well as that of the collateral sciences, have made rapid strides during the last half century. The treatment of many diseases, especially pneumonia, has been entirely revolutionized; but there is to-day less consensus of opinion as to its treatment, than there was during the period when methods now antiquated were employed. It frequently happens that a certain course of treatment for a disease, which to one person, and in some circumstances, seems peculiarly appropriate; to other persons, and in different circumstances, appears very differently, although the same pathological conditions present themselves to all. Pneumonia is not so general a disease as typhoid fever, which is known to every civilized portion of the globe. This is not the case with pneumonia. Oregon, in the same latitude as New England, is said, upon good authority, to be entirely exempt from inflammation of the lungs, and directly south of Oregon is California, which also enjoys a singular immunity from the disease. Pneumonia is said to be rare in Egypt, in the same latitude as Florida, although Hippocrates spoke of it several hundred years before the Christian era, but does not mention to what extent it existed. He may have seen but few cases in his long and successful practice. Pneumonia occurs in various forms, as well as in different degrees of intensity, causing it to be known by various names, some of which are "lung fever," "broncho-pneumonia," "pleuro-pneumonia," "croupous-pneumonia;" all implying the same disease. The compound words broncho-pneumonia and pleuro-pneumonia are much more descriptive in their signification than any of the rest. Broncho-pneumonia is most common at the two extremes of life. In pleuro-pneumonia the œdema is sometimes so great as to produce so much pressure against the ribs as to destroy the friction sound; all motion except expansive being stopped. The term croupous-pneumonia has no satisfactory etymological meaning, the phraseology being ambiguous, but ambiguity sometimes becomes fashionable, and finds its way in our standard writers, although conveying false impressions. Croup, according to Professor Da Costa, means laryngitis plus spasm, and having a tendency to form membrane. Meigs and Pepper say that the term croup signifies an acute inflammation of the mucous membrane of the larynx, attended with the exudation of false membrane.

Croup has a spasmodic element in every case, whilst pnenmonia is the reverse; the audible symptoms are different. If the pulse is reduced in pneumonia the patient breathes freely, but in croup it does not have that effect. No false membrane ever forms in the air cells or bronchioles, but an effusion, hence there can be no identity between the diseases. False membrane is not found in the bronchioles and air cells, except when it is continuous with a similar adventitious structure in the trachea.

Acute primary pneumonia is an inflammation of the respiratory portion of the lung, the lining membrane of the air cells and bronchioles; the vessels of the part become the seat of stasis, and from them an inflammatory effusion takes place through the epithelium of the air cells, rendering the part impervious to the ingress of oxygen and the egress of carbonic acid gas in consequence of the filling of the alveolar with the products of such inflammation. This effusion, which is the result of stasis, amounts to more in some cases than others; the lung is frequently so distended with it as to push against the ribs with such force as to leave their impression, even the intercostal spaces are obliterated. In these cases, as soon as the stasis is removed, the blood begins to circulate naturally in the tissues of the vessels again. Enough blood is always effused from the rupture of the capillaries to stain the contents of the air cells. The patient coughs up what has been formed, and some that has collected in the bronchial tubes. Pneumonia is nearly always unilateral, the majority of cases commence in the inferior lobe of the lung near the bottom, and diffuses until it involves its entire inferior portion, and afterwards extends to the middle and superior lobes. It may confine itself to only one lobe, or pass the septum of the lobes and attack the next, and so on until the entire lung is involved. The right lung is the one affected in the majority of cases, and the inferior portion, but the disease commences sometimes in the superior lobe and descends. This is most common

in aged persons, and those of feeble constitutions. In these cases the sputa is not likely to be stained with blood. As a rule, pneumonia only affects one lung at a time, but then we occasionally have it double.

When the inflammation has reached its height the air cannot enter the part which has been disabled, as it is entirely filled with material which has just been consolidated, the lung increasing in specific gravity, sinking like muscle when thrown into water, whilst healthy lung floats. The nerves of the lungs are derived principally from the par-vagum and great sympathetic, and the pain is obtuse as long as the disease remains on the interior portion, but becomes acute when it reaches the pleura; pneumonia, unlike many other diseases, leaves no anatomical lesions in the lung. The first invasion of pneumonia is a rigor, except in drunkards and feeble persons, which may last from a few minutes to several hours before reaction. Pathologists have divided pneumonia into three stages, more are occasionally mentioned, but not generally recognized. The first stage is that of *engorgement*, where the lung becomes œdematous by the gradual filling of the air cells with a semifluid which plugs them up; these cells or alveolæ are quite numerous, six hundred millions in all, and vary in size from $\frac{1}{200}$ to $\frac{1}{70}$ of an inch in diameter. If the stethoscope be applied to the chest at this time we will get the crepitant râle, the first physical sign of pneumonia, which is a crackling sound very much like that produced by the explosion of common salt when thrown upon a hot surface, and is almost pathognomonic of the disease, and is heard only with the act of inspiration, and is produced within the air vesicles and bronchioles. Subcrepitant râles are not infrequently intermingled with the crepitant, and are heard in the bronchial tubes either with inspiration or expiration, or with both acts during the resolving stage of pneumonia. As to the mechanism of these râles there is nothing definite, but the word expresses the characteristic symptoms of air being collected in the cellular membrane of the body. The two leading theories, according to Walsh, are:

1. That it may be produced by air and the viscous exudation meeting in the pulmonary vesicles, and

2. That it is due to the expansion of the parietes of the vesicles previously agglutinated together.

This sound can be heard until complete consolidation of the material in the air-cells and bronchioles, when the admission of air ceases and we get no more bronchial breathing.

From the time the effusion commences in the first stage we have gradual diminished resonance or dullness, which denotes the proportion of liquids or solids over the air within the chest is greater than in health, which condition remains until these plugs are gradually softened and removed by expectoration and absorption. In the second stage of pneumonia-hepatization, we have dullness on percussion and no râles at all, except in the bronchial, which cannot be mistaken for the pneumonic, as they are always double, whilst in pneumonia they are single. In the third stage, *resolution or purulent* infiltration, the râles return, but not as they have been, but are crepitant and subcrepitant all mixed together. The course of primary pneumonia is usually acute, and tends to terminate favorably by a crisis occurring from the third to the tenth day, or at a later period. Amongst the most notable phenomena in the commencement of pneumonia are accelerated respiration and dyspnœa, and the decubitus is generally dorsal. These phenomena are generally followed by pain in the side, cough, bloody expectoration, excessive nervous sensibility to light, great prostration of the system, and on physical examination we get slight or moderate dullness over the affected lobe, and generally the crepitant râle. The fever arises rapidly after the chill, the temperature varying slightly, according to the remission and exacerbation. Pneumonia is a disease not attended with a very rapid pulse, except in fatal cases, then it is toward the end. The tongue is slow about becoming dry, except in cases of a typhoid type; the expectoration in these cases is almost characteristic of the disease. It is the emptying of the air cells; at first it is viscid, adhering to anything upon which it is spat; one sputa adhering to another, making a pretty uniform and semitranslucent mass. As a rule, you can see the bottom of the receptacle through it, although containing colored matter intermixed resembling brick dust, but not to that degree as to destroy its translucency. Delirium is not infrequent in pneumonia, and occurs earlier and oftener in badly ventilated apartments where the hygienic conditions are faulty. In the early part of the disease it is not to be regarded as a serious complication, but late in this affection it augurs unfavorably.

When one lung is so obstructed that the blood circulates with difficulty through it, there is danger of the opposite one becoming affected in the same way. The circulation of the diseased one will cause a large flow of blood to what we call the well one. "As to the pathogenesis of acute primary pneumonia, two opposite theories have been advanced respecting its origin, both of which are supported by certain facts and opposed by others: (1) That pneumonia is a specific fever, of which the disease in the lung is only a local effect. (2) That it is purely a local disease, of which the pyrexical and other phenomena observed are only immediate consequences."—(*Wilson Fox, F.R.C.P.*) Pneumonia is always most prevalent during that portion of the year when there are the greatest changes of temperature, and it is immaterial about its severity. February, March, and April, in this latitude, are, upon the whole, the most favorable to its production. All statistical writers notice the severe cutting winds. Hippocrates alludes to the frequency of chest disorders during the blowing of northeast winds. Long decumbence in bed, the stasis of the blood in those parts of organs which are kept for a length of time in one position, has a tendency to favor inflammation. Age is an important factor in the causation of pneumonia, as well as one of the conditions most influencing its mortality. As to the sex, when the conditions of life are equal the proportionate difference is not very great, but, their occupations being different, the males being more exposed, we get a ratio of about two to three. The correctness of a constitutional predisposition, the profession is not well agreed, as it is supposed by some that those of a vigorous constitution are more apt to be attacked than those in bad health. We are aware that vigorous persons are more apt to be exposed than those of a more delicate constitution. Several diseases act as a predisposing cause when there is a constitutional susceptibility.

It has been asserted that there has been a change of type in pneumonia; but there is no logical proof. After becoming familiar with the pathology of pneumonia, and the effect of the circulation of the blood on the inflamed lung, it is not difficult to arrive at a rational mode of treatment. Coustani makes the statement that in view of the fact that fever is caused either by diminished irradication or by increased calorific productions, the most rational treatment will

be directed, not toward the dispersion of the heat, but toward its increased production. The heart has no rest except during the diastole. All the blood in the body must pass through the lungs, after reaching the heart, before it can be again distributed; in health it makes a complete circuit every twenty-four seconds, and an entire rotation in two minutes, being subject to changes from morbific influences. In order to treat these cases successfully, the functional activity of the lung must be diminished, which is done by remedies directed to the heart and nervous centers, producing as much rest as possible for the diseased organ. The more blood sent to the lung the more the respirations are accelerated, and the greater the dyspnœa. If we have an inflamed point or eye to treat, we want immediate and absolute rest. In pneumonia a considerable portion of the lung performs its duty imperfectly, and the greatest good is done in the first stage of the disease by cutting its course short and preventing complications, for which purpose we have a remedy that seldom disappoints us—veratrum viride. This remedy, unlike many of the leading antipyretics, does not leave any evil after-effects. The antithermal action of veratrum viride depends altogether upon its sedative action and consecutively on the action of the muscles of the heart, lessening the force and frequency of the pulse rate through the pneumogastric or pus-vagum nerve (second division of the eighth nerve), which is connected with the sympathetic system by numerous delicate filaments of communication received from the cervical ganglia. By energetic treatment the frequence of the pulse and temperature is reduced, the case shortened, and convalescence hastened. The majority of my patients have improved by the third day.

In the second stage of pneumonia we cannot expect that the medicine will have so decided an influence over the circulation and solid parts; but even there it will diminish the force of the heart and arteries, and so tend to prevent the extension of the inflammatory process, cutting short the period of crisis. The reduction of blood pressure must not be made too suddenly and in excess, a gradual reduction being better. The medicine is not accumulative in its action, nor has any bad effect on persons suffering from chronic diseases. For the physiological action and therapeutic uses of veratrum viride more fully, the reader is referred to my article in *Gaillard's Medical Journal*, Vol. LII, No. III. The following are very convenient formulæ when the slowing of the circulation is required:

℞.—Tincturæ veratri viridis (Norwood's),
Vini ipecacuanhæ,
Sp. ætheris nitros.....āā ʒj.—M.

Or:

℞.—Tincturæ veratri viridis (Norwood's),
Syr. scillæ co.,
Syr. tolu.....āā ʒij.

M.—Sig. Give in any convenient vehicle every four hours in ascending doses. Commence with twelve drops and increase two or three each dose until complete defervescence, or the pulse reduced to its normal beat or a few strokes subnormal, then the time may be prolonged and the medicine given in descending doses, decreasing in the same ratio that it was increased.

If the medicine is not continued in this way after the circulation of the blood has been reduced, there is danger of losing its antithermal effect.

REVIEW OF PROGRESS IN MEDICAL AND SURGICAL ELECTRICITY.

By W. R. D. BLACKWOOD, M.D.

ELECTROLYSIS IN LUPUS VULGARIS.—Dr. G. T. Jackson, of New York, believes that because of its painlessness and slight loss of blood, together with the lack of deformity after the operation, and the ability of the patient to follow his business uninterruptedly, this plan is desirable. Little scar is left, and with him the results have been better than under any other method.

Electric Breast-pump to Provoke Labor Pains.—Freund advocates[1] the application of the cathode to the mammary gland to induce uterine contraction during parturition, the anode going to the abdomen. Five to seven milliamperes are suggested, and good results were had in two cases. The same effect has been attained by myself frequently with a small induction apparatus, which is more portable, and simple contact over the abdomen was quite effectual in all instances. The pole (either) may be introduced into the vagina in contact with the cervix—the other over the abdominal parietes; make and break the circuit rhythmically.

Galvanism in Gynecology.—Engelmann, of Kreutznach,[2] believes that a retrograde metamorphosis in fibroid tumors is seldom had under galvanism (Apostoli method); at least enough of it to show sensible diminution in size; endometritis is benefited; hemorrhage and leucorrhœa disappear; pressure symptoms are relieved; reflex neuroses disappear; and he thinks the method valuable as an adjunct to other plans. In twenty cases in my own practice, during the last seven years, eleven have undergone diminution of the mass of not less than 60 per cent., in the opinion of physicians who previously had charge of the women; four show no lessening of bulk, but all hemorrhage and reflex trouble are entirely gone in these instances; the rest have shrunk from 10 to 15 per cent., as nearly as can be made out by measurement of the mass, both internally and externally. More than half of these women were condemned to death by laparotomists should they dissent from section; but they are now past the menopause, and are practically cured. One of those who was thoroughly relieved of all symptoms which had previously troubled her, and whose tumor was—by her own testimony, that of her dressmaker, and her physician, together with myself—reduced fully one-half, and who was quite comfortable, to say nothing of her being liable to actual danger of life, was coaxed by a surgeon to undergo section, and she died the next day after the operation, a victim to just as sheer quackery and unprofessional conduct (for she was urged to submit behind my back and without the consent of either her family doctor or myself) as could happen to any one in the clutches of a Buchanan or Paine graduate. Properly selected, many cases, I am sure, will recover without section by the use of *strong* currents, not less than 250 to 600 ma., but extreme care is demanded to localize the electric energy and to have no break of the flow, for in applications of quite low power I have had faintness and troublesome depression in nervous persons through accidental make and break whilst treating some abdominal malady. It is entirely within the power of a current of 200 ma., or upward, to kill, or at least seriously injure, a delicate woman, if the abdominal sympathetic is brought

[1] *Centralblatt für Gynakologie.*

[2] *Deutsche Med. Wochenschrift.*

under the influence of a high "extra current," such as ensues when energies of the rate alluded to are interrupted or reversed without rheostatic interposition.

Noeggerath is disposed to decry the use of Apostoli's method altogether.[1]

In curious relation to this attitude he recommends faradism, as curative in proliferous multilocular ovarian cysts. In my own experience, faradism has been of absolutely no use at all in discussion of any kind of cyst. His plan of applying the current by a sponge within the vagina is a very crude one, and the direction to use the negative in induction currents is questionable when we know that there is nō polarity, accurately speaking, in medical coils, the current being rapidly alternated by the rheotome. *Galvanism* will, in some cases, obliterate cysts, just as it does varied tumors; but faradism is practically useless.

Galvanism in Uterine Cancer.—Wernitz employs from 100 to 200 ma. by puncture, the negative causing sloughs within twenty-four hours. If hemorrhage is present, the positive is applied to the growth. Daily séances are held. Pain is lessened by this plan, and in several instances not otherwise amenable to operation, very good results were obtained.[2]

The Production of Cutaneous Electric Currents in Man.—This was the subject of an address by M. Tarchanoff at a meeting of the Biological Society, of Paris. The studies were made by means of a very sensitive galvanometer, together with a special device for preventing spontaneous movements. The electrodes being in position, the production of cutaneous currents was determined under the influence of the most various excitations—a call in a loud voice, a shock, etc. The psychical sensations of heat and cold suggested to the subject determined extremely delicate reactions of the galvanometer. When the left hand was in contact with the electrodes, and it was suggested to the subject that his right hand was warm and commencing to perspire, no effect was observed; but when the left hand was spoken of, a considerable deviation of the needle of the instrument at once occurred. Here was an electric discharge of purely psychical origin which might, to a certain extent, be compared to the discharge of a torpedo. In prosecuting these experiments it was necessary to choose regions rich in sudoriparous glands. These glands play a notable part in the production of the cutaneous currents. A person in a state of expectant attention causes the needle to oscillate incessantly. It is necessary, before beginning the experiments, to secure the utmost tranquility in the subject, in order to determine the zero of the galvanometer. Another example forcibly demonstrates the effect of mental effort. An easy act of multiplication produces no result. But if a person is asked to perform a difficult problem of the same kind, the needle is deflected in proportion to the difficulty. Muscular movements give rise to deviations which must be attributed not merely to the acts themselves, for the effect is disproportionate, but to the effort of will which they necessitate. The deviation is, in fact, greater when the subject looks at the tip of his nose than when he raises his arm, even if some degree of force be used. Fatigued persons produce no reaction. M. Tarchanoff thinks that the sudoriparous glands exercise a regulative influence upon the production of these cutaneous currents. He considers it a thermic regulation, favoring cutaneous evaporation and disassimilation in the course of cerebral acts, and dependent upon them.[1]

Trophic Disorder of the Skin due to the Galvanic Current. — M. H. Koebner reports[2] the case of a woman suffering from nervous headache, and treated by means of galvanism. The positive pole was applied to the forehead and the negative electrode to the nucha, which it covered to the seventh cervical vertebra. The current employed was so weak that it merely produced a slight sensation of heat. No luminous sensations or vertigo were experienced. At the end of the *séances*, which lasted no more than three or four minutes, no redness or other modification of the skin was perceived at the point of application of the electrodes. From the first sitting, however, the patient complained of intense pains at several points in the neck, which had not been in contact with the electrodes. The next day, at the points indicated, vesicles similar to those of herpes or zona were seen. The vesicles soon became eschars, which left behind them persistent white spots. The vesicles occupied positions corresponding to the transverse cervical branch of the superficial cervical plexus. As the same phenomena followed each of four consecutive sittings, M. Koebner was obliged to abandon the electric treatment. It is noteworthy that when, some weeks later, the writer resumed the same electric treatment no trophic trouble resulted, which shows conclusively that the current had nothing to do with the matter. Why don't Koebner use a meter?[3]

Filling for Dry Batteries. — Charcoal, 3 parts; graphite, 1 part; peroxide of manganese, 3 parts; hydrate of lime, 1 part; white oxide of arsenic, 1 part; glucose and dextrine (or starch) 1 part; these all by weight. Powder well, and mix thoroughly whilst dry. Add a solution composed of equal parts of a saturated solution of chloride of ammonium and chloride of sodium in water, to which add a tenth (in volume) of mercuric bichloride, with an equal volume of hydrochloric acid. Add the fluid gradually, and work the mass up thoroughly.

New Electropoion Fluid.—The ordinary "red acid" liquid electrolyte is simply abominable; it has ruined more than it ever cured. A good substitute is a solution of sulphate of mercury (about 7 per cent.), with a little nitric acid (a quarter of 1 per cent.), and this has the advantage of keeping the anodes amalgamated. The E. M. F. of a cell thus fixed is in the neighborhood of 1½ volts. The following example gives the result of an experiment in seeing what the relative worth is of the two:

Time elapsed after immersion of zincs.	*"Mercuric." Current in milliampères.*	*"Red Acid." Current in milliampères.*
½ hour	50	66
1 "	50	62
1½ "	50	53
2 "	49	50
2½ "	48	43
3 "	47	30
3½ "	46	20
4 "	45	15
4½ "	30	11
5 "	24	10
Total	439	360

[1] *Centralblatt für Gynakologie*, July 5, 1890.

[2] *Berliner Klin. Woshenschrift.*

[1] *Le Progrès Médical.*

[2] *Neurol. Centr. Bl.*, May 1, 1890.

[3] *L'Electro-thérapie.*

"Mercuric Fluid"—Zinc Element.	*Oz.*	*Dr.*	*Sc.*	*Gr.*
Weight at commencement of test	2	0	1	18
Weight at termination of test	2	0	1	7
Loss of zinc in grains				11

"Red Acid Fluid"—Zinc Element.	*Oz.*	*Dr.*	*Sc.*	*Gr.*
Weight at commencement of test	2	0	3	15
Weight at termination of test	2	0	1	15
Loss of zinc in scruples (or 40 grains)			2	0

otal quantity of current—"Mercuric Fluid"	439	m. a.
" " " "Red Acid Fluid"	360	"
Extra quantity in favor of the "Mercuric Fluid"	79	"
Percentage greater in favor of the "Mercuric Fluid"	22	per c.
otal percentage of quantity of current derived in favor of the "Mercuric Fluid," taking into consideration the comparative consumption of zinc: "Red Acid Fluid," 40 grains; "Mercuric Fluid," 11 grains	85 41	"

It will be seen by the above figures that the current given by the "mercuric fluid," although not so forcible to commence with, yet, taking all things into consideration, is more constant and greater in force and quantity for a given length of time than that generated by the "red acid fluid." The "mercuric fluid" in five hours' time loses but little less than half of its strength, while the "red acid" loses a little more than seven-eighths, with a consumption of nearly four times as much zinc, or as 11 is to 40.

The resistance was fifty ohms during the work.[1]

New Electrode for Cataphoresis.—Messrs. Waite & Bartlett, of New York, have made, at the suggestion of Dr. Peterson of that city, a new diffusion electrode formed by a disk of platinum, on which is placed the remedy to be used in solution poured on tissue paper. A rubber ring along the edge is used to retain the paper in place; hence, it is evident that accurate dosage is thus secured. Mr. Otto Boeddiker, the well-known pharmacist of the same town, has made up a list of the more commonly used drugs employed by cataphoresis, and they will be found to be a valuable addition to the armament of the practitioner.[2]

Anodyne Effects of Electric Light.—Stien, of Moscow, records[3] fourteen cases of painful affections in which he used the electric light as an anodyne, with good results. The apparatus used for the purpose consists of a small-sized incandescent electric lamp of three or four volts power, with suitable handle and a funnel-shaped reflector, three to six centimeters in length and two to three in diameter. The reflector was applied directly to the painful area, lasting from ten to fifteen seconds about the head and neck, and five minutes or longer to other parts of the body, or until the patient complained of intense heat. The anodyne effects are said to be most striking. A woman suffering from obstinate intercostal neuralgia was permanently relieved after a single sitting. The same result was obtained in another patient suffering from intense rheumatic pains about the shoulder. In another patient, a nervous woman, with intense pain about the foot and ankle, two illuminations, of five minutes each, caused complete cessation of all the symptoms. A case of laryngeal tuberculosis, in which 1 grain of morphine daily afforded but trifling relief; ten or fifteen seconds illumination of the larynx and both sides of the neck externally every day, reduced the paroxysms of coughing to two or three in twenty-four hours. Beyond the slight calorific effect the method cannot possibly produce any effect; none electrically most certainly.

[1] *Am. Med. Jour.*

[2] *N. Y. Med. Jour.*

[3] Meditzinskoi Obozrenie, *British Med. Jour.*

Society Notes.

OBSTETRICS AND GYNECOLOGY AT THE AMERICAN MEDICAL ASSOCIATION.

THE RESTORATION OF THE PELVIC STRUCTURES AFTER INJURY

WAS the subject of a paper by DR. HENRY O. MARCY, of Boston. The doctor's views on the lesions of the perineal structures and the reconstruction of the various parts involved are, in a general way, well known to the profession. His methods are widely different from those usually recommended, and, in a synoptic way, may be classed as follows: The parts injured lie behind the vaginal muscle, and the dissection should be so made as to lift it forward. The retroverted ends of the transverse muscles are thus reached and rejoined to the levator loop. This is accomplished by buried tendon sutures applied in different lines and the parts thus closed are sealed with iodoform collodion. When the rupture is complete the rectal and vaginal sides are first closed by lines of continuous buried tendon sutures, and then the operation is finished as when the rectum is not involved. Dr. Marcy has used this method for many years, and has operated on several hundred cases, rarely without a perfect restoration of the parts. Trachelorraphy is greatly simplified by the use of the continuous tendon suture, applied with the Hagerdon needle, and the great gain lies in the fact that the sutures require no further attention, and a vaginal dressing of iodoform wool, changed once or twice, is the sole care that is requisite. Thus effected it allows of a perineal reconstruction at the same time of operation, also a manifest advantage. Dr. Marcy always uses the continuous tendon suture in the closure of vesico-vaginal fistula and in vaginal resections undertaken for cystocele, or other deformities of the tract requiring plastic operations. The paper included an interesting review of the uses and history of the animal suture.

THIRTY-FIVE SPECIMENS OF ECTOPIC GESTATION REMOVED POST-MORTEM

was the subject of a very able paper by DR. HENRY F. FORMAD, of Philadelphia. The paper contained a large amount of statistics. The doctor had examined 3,500 women, many of them, however, quite old women. His 35 cases were, 1 ovarian, 3 interstitial and 31 tubal intra peritoneal. The ages of the women were from twenty to forty years. They were women in good health, and hard working women. They were all multiparæ, and all at the time under some form of physical emotion, working, lifting. Not one of the cases was diagnosed ante-mortem. Thirty-one died in twelve hours and three in twenty-one to thirty-six hours—the three interstitial cases. All of these women knew they were pregnant. There was a bloody discharge, a sudden pain in the abdomen, a giving way and collapse. Mode of death, in every case, internal hemorrhage. He thinks there is no such thing as hematocele of the Fallopian tube. He thinks he must have missed an enormous number of cases of ectopic pregnancy in former years. He used to

find a number of cases of hematocele. He believes now they were ectopic gestation. He found it a very hard matter to find the fœtus, and only succeeded in one-half of the cases. In all of his cases there was chronic salpingitis.

THE PATHOLOGY AND TREATMENT OF CHRONIC OVARITIS

was the subject treated by DR. A. J. C. SKENE, of Brooklyn, N. Y. He discussed the great question when to remove the ovaries and when not to. Young persons he found to stand removal of the ovaries badly. They became fat, irritable, indolent and dissatisfied. His treatment for chronic ovaritis was, saline laxatives, relieve pain by bromide of sodium, 20-30 grains, with fluid extract of hydrastis, 10–15 drops. This is most efficient in the beginning of the attack. If the pain returns you may return to the medicine. Ten grains of salicylate of soda and five of antipyrine between meals and at bedtime, when the stomach is empty. Give feeble patients aromatic spirits of ammonia and camphor, which are better than alcohol. In unmarried avoid local treatment if possible. Use hot sitz baths. Bichloride of mercury and syrup iodide of iron are good. The bromide may be supplied.

MY FOURTH CONSERVATIVE CÆSAREAN SECTION

was the subject of a paper by DR. H. A. KELLY, of Baltimore. The patient was dwarfed and rachitic, thirty-five years of age, weighing 115 pounds, and 52 inches high. Head large and angular, with prominent forehead; body long and legs short, with marked outward curvature of the thigh bone, giving a distinctly waddling character to the gait. The previous history has been illumined by the fact that she had been paralyzed for a long time, beginning in her eighth or ninth year. She never grew any after that. The child was taken out alive, and is still living and doing well, as is also the mother, who recovered without an untoward symptom. The details of the operation are given. This makes the fourth case for the doctor in three years, all the patients being alive and well at the present time.

THE USE OF COCAINE IN GYNECOLOGICAL SURGERY

was the title of a paper by DR. WM. H. HUMISTON, of Cleveland, Ohio. He uses it in dilating and curetting, first giving a tablespoonful of whiskey or brandy. Fill a hypodermic syringe full of a 4 per cent. solution, with 2 minims of pure phenol to each half ounce of the solution. Inject 5 minims into the posterior lip, wait two minutes, then with the bullet forceps, which will be painless, secure a firm hold. Inject into several portions of the cervical canal an amount equal to about 20 minims. Dilate till you can inject 10 minims of a 10 per cent. solution into the uterine canal cavity. He has not given an anæsthetic save cocaine in dilating uterine canal for the past three years, and his operations have included many primipara. In trachelorraphy inject the angle and surfaces you wish to denude, and you can operate with no pain at all. In perineorrhaphy he uses the split flap operation, and with one injection of 30–40 minims of a 4 per cent. solution he anæsthetizes the whole field. He quiets his patients by telling them he will give them chloroform if they cannot stand it, but has never had to do so. Has had unfavorable symptoms from the cocaine, which vanish very quickly after the administration of stimulants. He has dilated the urethra for fissure and irritable carbuncle with but slight pain. He had assisted at an Alexander's operation where 2 grains were injected, one in each side, at intervals of one-half hour. The patient experienced but slight pain. He then reported a case where he performed the operations of trachelorraphy, anterior and posterior colporraphy and perineorrhaphy at one sitting, with cocaine as an anæsthetic. The whole time required in making the four operations was one hour and forty-five minutes, and 75 minims of a 4 per cent. solution of cocaine was used, or 3 grains.

MINOR UTERINE SURGERY

was the title of a paper by DR. J. M. BALDY, of Philadelphia. He thought that Emmet's operation for lacerated cervix should in most cases fall into that deserved disuse which has come to splitting up the cervix for sterility and dysmenorrhœa. He thinks, on the whole, it had been better for womankind had the uterine sound never been invented. He thought that the careful study of bimanual palpation would largely do away with the sound. Taking it all in all he decidedly approves of gynecological minor uterine surgery in the field to which it is applicable, but it must be borne in mind that this field is a limited one, and one which becomes more and more narrow as our diagnostic resources increase.

A CONTRIBUTION TO THE NORMAL AND PATHOLOGICAL HISTOLOGY OF THE TUBES

was the subject of a paper by DR. J. WITRIDGE WILLIAMS, of Baltimore. He insisted there were three layers of muscular tissue instead of two. A twisted condition of the tube, he said, showed the border line between health and disease. The twists show an infantile condition of the tubes. This is found in women who are poorly developed sexually.

REPORT OF A CASE IN WHICH A CHILD'S ARM BECAME ENGAGED IN THE FENESTRUM OF THE OBSTETRIC FORCEPS

was the subject of a paper by DR. DANIEL MILLIKIN, of Hamilton, Ohio. The patient had borne four dead children after severe and complicated labors, each time under the care of a different physician. She had also borne one child living, which probably owed its life to the fact that it was very small, and was probably prematurely born. The forceps were carefully applied, easily locked and never inclined to slip. The effort to deliver by forceps was much prolonged. When, finally, it was attempted to deliver by podalic version a condition of affairs was found which, to the essayist, was unique in obstetrical practice. The upper blade of the forceps—that one which passed to the right of the woman's pelvis—would not come away. The lower blade was withdrawn first, but still the other would not come. The hand passed into the uterus revealed the fact that the child's right hand had passed through the fenestrum of the blade, and that in fact the blade hung on the bend of the elbow, as a basket hangs on one's arm. The blade could not have been withdrawn without internal manipulation. Presently, when the child had been withdrawn by the feet, it was shown that violence had been done the arm near the elbow. No bones were broken, but the soft parts considerably injured. Undoubtedly, if the instrument had been long and stiff, and it had been thought proper to compress the head, the arm might have been chewed off. Endeavoring to draw some warning from such a sorry job, we may note, first, that the accident could only occur

during the supra-pubic application of the forceps. All the evolutions it must have made to attain this position require room, and must have been made above the brim. In the second place, the accident cannot possibly be diagnosed, unless the head and arm are so large as to arouse suspicion, on account of the amount of substance between the blades of the forceps. In this case he did not believe that the most expert obstetrician could detect the accident before the attempted withdrawal of the instrument. For this reason he is ready to inquire whether the fenestrum has any right to exist. What is it good for anyway? It has been said that the fenestrum gives lightness to the forceps. This is, at first glance, very plausible, but it admits of question. We cut out the fenestrum, but we thicken the remainder of the blades. What signifies this weight anyhow? Ordinary instruments do not weigh more than a pound, and the brother who cannot carry a pair or two at this weight is not fit to be out at night alone, much less use the forceps. The fenestra, it is said, permit of the forceps getting a better hold on the head by the protuberances projecting through them. This is seldom the case. Forceps rightly chosen and rightly used make room instead of occupying space. The fenestra increases the total amount of edge surface, which is an objection. Fenestra should at least be abandoned in forceps for use above the brim.

CŒLIOTOMY (ABDOMINAL SECTION) FOR RUPTURE OF THE PARTURIENT UTERUS

was the subject of a paper by DR. HENRY C. COE, of New York. The doctor thought this preëminently a surgical emergency, and should not be studied from its gynecological or obstetrical side alone. The author based his paper entirely on his own personal experience, that of four cases in which abdominal section was performed, one case successful, the patient being now in perfect health. Operative treatment in the unsuccessful cases came too late, *i. e.*, from eight to eighteen hours after rupture. The successful case was as unfavorable as could be, but was operated upon early, as soon as the lesion was discovered. The writer thinks that abdominal section is indicated under the following conditions: Before the uterus is emptied, when the placenta or any portion of the fœtus has escaped through the rentas, attempts at manual delivery only increase the shock and destroy the patient's chances after section. Where there is evidence of progressive internal hemorrhage. After the uterus is emptied, it should be done when there is extensive prolapse of the gut through the tear. In all complete lacerations (especially in those involving the broad ligaments), except small tears low down near the vaginal fornix, where good drainage can be maintained. In incomplete tears where the broad ligament is extensively involved and there is evidence of progressive hemorrhage. This point must remain sub judice. Only one other besides the writer (Peters) has opened the abdomen in such a case. After opening the abdomen he arrests the hemorrhage either with forceps or the temporary ligatine, rubber ligatine. If the tear is small (two inches) and is low, Douglas cul-de-sac drainage per vagina may be indicated. If the tear is clean cut, without contusion of the edges, and does not involve cervix or broad ligaments, it may be closed with deep or seroserus sutures. If the tear is not low down, is extensive, with contusion of the edges, and especially if a portion of the fœtus present protrudes, amputation of the uterus, with extra peritoneal treatment of the stump, is indicated. In extensive transverse tears of the lower segment of the uterus, and in tears beginning in the cervix and extending upward through the broad ligament, the writer would strongly urge the propriety of total extirpation of the uterus as the operation par excellence. The doctor deprecates any intention of recommending a heroic method of treatment to the entire exclusion of the more conservative. He is an avowed conservative in abdominal surgery, but believes that rupture of the parturient uterus is a desperate emergency, in which a fatal termination is the rule, and that it requires prompt and energetic treatment according to the rule of modern surgery. The fact that statistics of cœliotomy has in these cases shown a large mortality is an argument against the operation. In every case the accoucheur, if not himself a surgeon, should, without an instant's delay, summon experienced counsel, and explain to the family that immediate resort to the abdominal section may be necessary. Only by prompt interference can we expect to improve the statistics, and thus elevate the operation above the level of a hopeless and apparently unnecessary surgical experiment.

THE USE OF VAGINAL TAMPONS

was the subject of a paper by DR. W. A. R. SELLMAN, of Boston. He thought the vaginal tampon was seldom required for a hemostatic effect. In an experience of twenty years he had not found it necessary to tampon for a hemostatic effect for hemorrhage. He did not even favor the tampon in hemorrhage from cancer. He never applied the tampon in specific gonorrhœa, as it might force the disease up into the uterus and tubes. He recommended tampons in office practice where a solution was applied, which might run out and cauterize the outer part. He also recommended them in prolapsed uterus, where there was no uterine catarrh, and inserted them as pessaries after plastic operation.

THE ELECTRICAL TREATMENT OF FIBROID TUMORS, WITH AN ANALYSIS OF FORTY-SIX CASES.

was the subject of a paper by DR. G. BETTON MASSEY, of Philadelphia. He considered the rise and progress of the Apostoli method, and spoke of the unparalleled fierceness of the opposition to it, which was, however, as healthy as it was fierce. He did not regret this rivalry, but did regret the intemperate statements of certain extreme opponents in striking contrast to many electro-therapeutists, who willingly concede to surgery cases unsuited to electrical treatment yet demanding active help. The doctor's results were as follows: 5 cases of complete anatomical and symptomatic cure, the tumor disappearing and the patients restored to health; 25 where the tumor was considerably diminished in size, and all other symptoms were cured; 8 in which the tumors were not diminished in size, but all symptoms disappeared; 2 in which the tumors were not diminished, nor the symptoms relieved; 1 case was made worse by treatment: 7 were not taken account of, because two were polypoid, and their delivery only assisted by the electricity, and 5 cases were treated for too short a period. This gives about 92 per cent. successes, 8 per cent. failures. Of the 5 cases of complete cures by absorption all were intra-mural, and treated by intra-uterine application. Of the 23 cases symptomatically cured and anatomically reduced, 15 were intra-mural; 4 sub peritoneal; 3 intra-mural and sub-peritoneal; and 1 sub-mucous. The cases symptomatically relieved without anatomically reduction, 6 were intra-mural; 1 intra-mural and sub-peritoneal; and 1 sub-mucous. He punc-

tures only in a few cases to which it seems adapted. The intra-uterine method is certainly the method of choice

While an increasing familiarity with hysterectomy for fibroid tumors will doubtless render operators more expert in the work, and possibly lessen further the mortality of the operation, accurate knowledge is yet wanting concerning the after-histories of the cases reported as successful, with special bearing on the relief of painful symptoms, or their increase by the addition of post-operative incidents or accidents. A conservative method of treatment, which apparently acts by inducing aggressive changes in the morbid processes, resulting in a complete anatomical cure in over 12 per cent., and a practical cure in 74 per cent. All cases deserve most careful consideration from scientific men, since but few remedial measures from analagous diseases can lay claim to an equal measure of success. The electrical method of arresting, reducing and dispersing fibroid tumors, besides being truly curative in transforming vitiated tissue action in natural absorptive processes, has the further merit of leaving intact all neighboring organs and functions yet existing, as the ovaries, etc., the current acting as a general revivifier of all highly organized parts and processes, while hastening the destruction of adventitious and lowly organized tissue.

Papers relating to this subject were read by Dr. Marie B. Werner, of Philadelphia; Dr. Thomas Opie, of Baltimore; while the operative side was discussed in papers by Dr. Joseph Price, Philadelphia; Dr. Joseph Eastman, of Indianapolis. The discussion was conducted by Drs. Skene, of Brooklyn; Baldy, of Philadelphia; Fry, of Washington; Martin, of Chicago; Mordecai Price, of Philadelphia; Florian Krug, of New York; and Joseph Hoffman, of Philadelphia. The discussion was a very long and interesting one. The Chairman said he wanted the subject peeled to the bone. He called alternately on advocates of electrical and surgical treatment. The statements on both sides exhibited more of a spirit of fairness with less reckless utterances than former debates during the past few years. It would seem that the surgical brethren are perfecting their technique, so that they are having better success and fewer deaths, and that the electrical brethren are doing the same thing. That surgeons do not operate on every case nor do electricians, and on the whole we are coming to a more sensible view of the whole matter.

THE RELATION OF DISPLACEMENTS OF THE ABDOMINAL VISCERA TO PELVIC DISEASE

was the subject of a paper read by DR. J. H. KELLOGG, of Battle Creek, Michigan. The purpose of this paper was to show by the study and comparison of the measurements of large number of civilized women, including peasant women of the laboring classes, Chinese, American Indian, East Indian women, and Ancient Greek models. The doctor found:

1. That the average adult civilized woman of modern times is deformed, her waist measurement being too small for the rest of her body.

2. That this deformity and others associated with or growing out of it, are the results of an unnatural and unhealthy mode of dress and the neglect of physical or muscular activity.

3. That the deformity of figure which the average woman presents is indicative of changes in the static relations of the abdominal and pelvic viscera, which are the source of many and serious morbid conditions and painful symptoms.

4. That the great majority of cases of pelvic diseases in women, especially cases of displacement of the pelvic viscera, the pelvic disease is not an isolated or independent malady, but only a partial or local expression of a more general disease, which involves also the abdominal viscera in whole or in part.

5. That in consequence of constriction of the waist and weakening of the lower muscles of respiration, the civilized woman has acquired an unnatural mode of breathing, which tends strongly in the direction of the development of disease of the abdominal and pelvic viscera.

6. That any therapeutic method addressed to the cure of maladies of this class to be successful, must include such measures as will correct the disturbed static relations of the abdominal viscera, as well as the displaced uterus and ovaries, and will remove the cause of these displacements by removing the unnatural supports.

The doctor then presented the following measurements of the waist:

	PER CENT.
East India women of Telugu, whose clothing constricts the waist	40.6
English laboring women, brickmakers, who wear tight bands and heavy skirts	41.3
Civilized men, American	43.3
French peasant women	45.4
Chinese women	45.4
Yuma Indian women of New Mexico	55.2
The Venus de Milo	47.6

It thus appears that the average natural woman has a larger waist than the natural man, which is not surprising, since she has a larger liver, and her waist must sometimes expand still more to enlarge physiological requirements.

Tracings of the outlines of women were shown by the doctor. First was that of a healthy woman. Her characteristics were a strong anterior dorsal curve, hips well set back, chest prominent, abdominal muscles well drawn up, head erect and body well balanced upon the balls of the feet. In contrast to this was shown the unhealthy woman, who spends her time going from one gynecologist to another. Characteristics: hips forward, spine straight, abdomen pendulous, chest flat, shoulders drooping, chin projecting, body balanced upon the heels, and a weak and relaxed condition of the whole figure. In this case the stomach, bowels, kidney and right liver were each several inches below their proper position. These constrictions of the waist cause unsightly protrusions of the lower abdomen. The doctor has made pneumographic studies of the breathing of several hundred women, including civilized, Indian and Chinese women, of various conditions. He finds women who have not been deformed breathe as do men. Chinese women and Indian women breathe as do men. A female dog breathes just as a male dog. A man in a corset breathes as does a woman. A female dog in a corset breathes as does a woman in a corset. Hence the female type of respiration is pathological.

SUGGESTIONS AS TO ABDOMINAL AND PELVIC SURGERY

was the subject of a paper by DR. WM. H. WATHEN, of Louisville, Ky. The doctor thought there was too much laparotomy done, and too many men doing it. The appendages are sometimes removed for vague nervous troubles, where there is no disease of the ovaries or tubes, or peritoneal adhesions. Such cases are often made worse, and mutilated in a way which cannot be corrected. Many of our best ope-

rators are urging upon the profession that the operation be not done unless there is well-defined disease which has resisted, or will resist, other more conservative means. As the experience of an honest surgeon widens, he operates relatively less frequently, and he can recall cases which he does not believe should have been operated upon at all. In preparing for an operation, the physical and mental condition and the hygienic and sanitary surroundings of every patient should be made as perfect as possible, and unless absolute surgical cleanliness be followed, septic infection may result. The danger from the atmosphere is practically nil and the spray unnecessary, which, if strong enough to kill pathogenic germs, will be positively poisonous. If the operator neglects details he will be disappointed in the results. Operating table has plate glass cover, and instruments which are used are placed in porcelain-lined vessels. Operator and chief assistants take a bath, and put on clean aprons reaching from neck to feet. Towels washed and boiled, sponges clean and well-shaped, and, after being well boiled, are made aseptic after the method of Greig Smith. Sponges once used may be again used if again made aseptic in the same manner. He uses Chinese hard, twisted silk, of three sizes, and sterilized so that a culture cannot be made from it. All instruments, towels, etc., are washed thoroughly and then sterilized an hour before the operation. The patient is given one or more hot baths before the operation, and the vagina and rectum washed out, and the pubes shaven. Before making the abdominal incision the abdomen is again washed with soap and water, and wiped off with sulphuric ether. Dry towels, covered with towels wrung out of hot water, are placed over the abdomen. He uses no antiseptic solutions for the sponges and instruments, but keeps them in sterilized water as hot as can be borne. Adherent intestines should be separated, if possible, otherwise the operation is not a success. He believes antiseptics cause adhesions, and does away with them. The drainage-tube should be used if hemorrhage has not ceased, or if foreign matter which is possibly antiseptic is admitted into the abdomen. A small tube will usually drain as well as a large one. He does not favor capillary drainage of the tubes, nor vaginal drainage.

THE AFTER-TREATMENT OF CASES OF ABDOMINAL SECTION

was the subject treated of by DR. CHAS. P. NOBLE, of Philadelphia. That which is accomplished in the after-treatment in abdominal section is principally of a negative character. The object is to protect the patient from all sources of danger while nature does her perfect work. Sustain the powers of life, enable the patient to pass a crisis; to keep the enunctories active, and to prevent wound secretions from becoming a source of poison. Plenty of air, light, and ventilation. First twenty-four hours give nothing in the way of food. Rinse the mouth with water, or, if thirst is excessive, enemas of equal parts of beef-tea and water. Second day 1 or 2 drachms of water every half hour. In thirty six to forty-eight hours 1 or 2 drachms of beef-tea at frequent intervals. If all goes well, on the fourth or fifth day water *ad libitum* may be given. After a week soft diet, and after two weeks a full diet. The drainage-tube used, unless contra indicated. It should be packed in sterilized cotton, unless hemorrhage is excessive, and a rope of gauze, wet with bichloride, passed down to the Douglas pouch and out to the cotton. In this way the most of the fluid is removed by capillary attraction. If hemorrhage is excessive, it is better to use rubber dam about the tube. Surgeon should render his hands asectic before handling the tube. The bladder should be emptied by the patient, if possible. Care should be taken to avoid catheter cystitis. This is best accomplished by using a glass catheter. Bowels should be opened early—second or third day. The pain after abdominal section is largely intestinal, due to flatus or irregular peristalsis, and the best way to relieve it is to open the bowels. They should be kept open on alternate days during the convalescence. Thirst can often be appeased by bathing the hands in ice-water. Glycerine and ice water will relieve dry mouth, but the sweet taste of the glycerine is objectionable to most patients. The patient should be encouraged to bear up under pain. Cotton wool pads and air cushions will add much to the patient's comfort. He keeps patients on their backs for two weeks, and out of bed after three weeks. Shock is best met by the application of external heat, the use of strychnine, caffeine, digitalis, and whiskey hypodermically, and decoctions of coffee or beef-tea hypodermically. If much blood is lost, large amounts of fluid will be absorbed from the rectum. A saline solution may also be injected into the areolar tissue. Vomiting from ether cures itself. If it continues more than two days some other cause must be sought. If simple means fail, the vomiting will be found due to peritonitis or impending obstruction of the bowels. In either case, the bowels should be moved at all hazards. When fever occurs the bowels should be kept frequently open, and the body sponged frequently with cool water. The use of antipyretics is of doubtful value. When to reopen the abdomen and when to resort to medical measures is a difficult problem. In general, when the skin is dry, the face flushed, and the pulse full and bounding, secondary operation will be unnecessary. When the skin is "leaky," the extremities cool, and the pulse rapid and feeble, absorption of septic material is going on, and operation is indicated. Opium in any form, in typical cases of abdominal section, is unnecessary. Occasionally morphine is useful when a nervous patient becomes excited and cannot otherwise be controlled. Asthenia must be combatted by the systematic use of nutritive enema with whiskey, together with the administration of such liquid food as the stomach will bear. Champagne can often be given with advantage when other stimulants are rejected. Less can be done by alimentation and medication after abdominal section to combat asthenia than after other operations, because, as a rule, the stomach is not available.

CAN THE GYNECOLOGIST AID THE ALIENIST IN INSTITUTIONS FOR THE INSANE?

was the subject discussed with great vigor by DR. I. S. STONE, of Washington. The doctor had systematically investigated the present status of medical practice in the institutions for the insane in many of the States. His investigations opened up the fact that the superintendents of asylums, with but few creditable exceptions, felt themselves competent to treat all phases of diseases of women, or, in fact, to be full-fledged specialists in all departments, and were not at all gracious to outsiders—especially gynecologists—who might endeavor to offer aid. To his inquiry, "Can the gynecologist aid the alinist in institutions for the insane?" he received largely negative replies. He drew the inference that asylum superintendents thought gynecologists meddlesome

and bungling men, who did more harm than good. So far as he was able to determine, female diseases were seldom recognized, much less treated, by these superintendents, and he propounded the query, "Why is it that insane women apparently do not have the same diseases that afflict so many sane members of their sex?" The doctor urged, in closing, that the fullest details be obtained, that we may know the real relation between diseases of the female pelvic organs and insanity.

Dr. Byron Stanton, of Cincinnati, said that when a man became an asylum superintendent he ceased to be a competent doctor.

Dr. Joseph Eastman, of Indianapolis, reported a case where a woman was incarcerated in an asylum for a year and discharged hopelessly insane, and then cured by an operation at his hands. This, too, when the possibility of female trouble had been suggested before she entered the asylum, and frequently during her stay there. The superintendent would have it that it was nothing but a neurosis, and that she was incurable. The extent of her cure may be known by the fact that she now occupies the position that she held before her insanity, viz., lady superintendent of schools. The operation performed in this case was the removal of the appendages, and was necessitated by the finding, on exploratory incision, that one of the Fallopian tubes was bent sharply on itself, and bound down tightly by a peritonitic adhesion. In operation on patients insane from self-abuse, he had been completely successful in one case, and partially in another.

Dr. J. H. McIntyre, of St. Louis, added his testimony to that of Dr. Stone.

Dr. Edwin Walker, of Indianapolis, thought a very large number of our cases were neuroses, though some of them were doubtless due to gynecological troubles.

Dr. C. A. L. Reed, of Cincinnati, who has written a brochure on this subject, called Dr. W. W. Potter, of Buffalo, to the chair, and said that he had given this subject serious attention for a number of years. He was satisfied of the sound scientific basis for reform which would involve the appointment not only of gynecologists, but of specialists, in all other departments as staff officers to asylums. The fact unearthed by Dr. Stone, that the alienists did not want the assistance of any one else in the care of the insane revealed an alarming state of affairs. The claim that the medical superintendent, who is generally a housekeeper, a gardener, a jailor, and who, at the same time, was competent to treat diseases of the eye and the ear, of the lungs, pelvis, and every other special organ, was preposterous. The claim is made, however, by these gentlemen, and is a clear demonstration of their pretentiousness. The doctor challenged any superintendent of this class to an experiment, the result of which would be as interesting to science as startling to humanity. He challenged them to submit their patients to an examination of specialists representing the different branches of medicine, merely for the question of diagnosis. He staked his reputation for truth and veracity that the examination would reveal curable diseases in many instances, the cause of the insanity, the existence of the former never having been suspected by the alleged medical colossus who is known as the superintendent. The evil, he asserted, was not a scientific one. It had passed beyond that point. It is now a problem in political economy; nothing more nor less than the eradication of the self-perpetuating scheme of superintendency, which is as pernicious as was ever priest-craft in its worst state.

A CERTAIN CLASS OF OBSTETRIC CASES IN WHICH THE USE OF FORCEPS IS IMPERATIVELY DEMANDED

was the title of a paper by Dr. Augustus P. Clark, of Cambridge, Mass. If there is to be a resort to either the forceps or internal version, the former should be chosen. The former conditions thought to demand the use of the forceps, undue distance form the soft parts, great debility of the patient, and the occurrence of convulsions fall far short of being the present status. When the head of the fœtus has descended into the cavity of the pelvis, and the labor has become lingering from uterine inertia, the forceps may be used with the greatest advantage. In protracted labor, when the fœtal head has engaged the pelvic brim or has only reached that introitus, and become arrested in its descent, the forceps should be preferred to all other means of relief. The necessity of the application of the forceps in such cases implies the normal or nearly normal proportion of the pelvic cavity. In cases of protracted labor, where the head has not yet reached the pelvic brim—the fœtus still alive—his experience is largely in favor of the forceps. In every such case the forceps should be of requisite length, and of a curve adapted to the peculiar curve of the pelvis. The frequent employment of the forceps merely for the shortening of labor, betrays lack of appreciation of the real advantages to be derived from instrumental interference, also, want of conception of the dangers, either immediate or remote, which may follow in any case in which the forceps have been brought into requisition.

A new forceps was presented by Dr. L. E. Neale, of Baltimore. The pair of forceps which the doctor presented for the inspection of the Section had occupied his attention since 1886. The idea was a combination of the axis traction forceps and the ones commonly in use. He claimed little originality in the instrument, it was simply a combination of the two varieties. The forceps had peculiar curvatures, both pelvic and cephalic, and a peculiar basket and bulging shape of the inferior rib. The forceps may be used in all operations, and combined the utility of both varieties completely.

Axis traction and a combined axis traction forceps, to be used as a substitute for craniotomy and version in pelvic deformities, were presented by Dr. T. J. McGillicuddy, of New York. He said the upper part of an infant's brain would stand considerable compression without injury. The base would not stand much. In this was seen the wisdom of encasing the latter part in a firm, bony case, while the former was not so protected. He advocated his instrument as a substitute for craniotomy.

Dr. Chas. P. Noble, of Philadelphia, considered the subject of axis traction forceps one of the most important which could be brought before this Section. The great merit of these forceps is that force is not wasted by dragging the head against the bony framework of the pelvis, especially the symphysis pubis. An unfortunate omission in Dr. McGillicuddy's forceps is that force is wasted in this way. This is not the case with Dr. Neale's forceps. Dr. McGillicuddy's forceps are similar to Huber's abandoned ones.

Dr. Joseph Hoffman, of Philadelphia, imagined that Dr. Neal's forceps, on account of the joint being so far removed from the handle, it would be difficult to operate them. He thought McGillicuddy's for-

ceps immaterially different from those of Huber. These forceps do good work, but will fail in the lateral rotatory motion. Tarnier's forceps, though used to a certain extent in this country, are not used in Paris.

DR. H. D. FRY, of Washington, hoped that Dr. Neal would make one more change in his forceps before he quit, as they made dangerous compressions. Dr. McGillicuddy answered that Huber's instrument had non-removable handles, and this was the reason it was abandoned. His forceps had removable handles.

THE CLINICAL TEACHING OF OBSTETRICS IN AMERICA

was the subject of a paper by DR. E. S. MCKEE, Cincinnati, Ohio. Entering into this subject in a spirit of criticism, the author found much to commend. The improvement had been marked since he last had occasion to investigate this special field. True, there is yet much room for advance, but we have cause for encouragement. Of all the civilized countries on the globe, our own, usually the leader in this instance, proved the laggard. There was some excuse for this, that the time for study was too short, funds too meagre, the danger in a lying-in hospital too great, and the population too small and scattered to admit of obtaining material for the clinical teaching of obstetrics. "These conditions exist at present, but in a much more limited degree. Every city in which the existence of a medical college should be condoned, offers material which needs only to be grasped. This is being utilized by such well-known institutions as Harvard, Bellevue, The College of Physicians and Surgeons of New York, Jefferson Medical College, University of Pennsylvania, The College of Physicians and Surgeons of Baltimore, and the Medical College of Ohio, of Cincinnati. In this latter institution I have had some experience in laboring in the field in which the pioneer work had already been done by my colleagues, Drs. T. A. Reamy and E. G. Zinke. The experiences of these gentlemen in starting the Obstetrical Clinic of the Medical College of Ohio, as well as some of my own in the same clinic, would furnish some interesting items for this Section, did time permit. Let us briefly liken it to the labor of the primipara.

In many other medical schools of our country, the science of obstetrics is admirably taught by pictures, models, and illustrations of various sorts, but the vast majority of medical students in America graduate without ever having witnessed a case of labor. Until within the last three or four years the majority probably equaled 92 per cent. Many of our best teaching institutions have maternities connected with them. This is well; for here material is collected in small compass, and the student can see more in less time, being also under the supervision of competent instructors. Here he can be carefully inducted into the arts of inspection, mensuration, auscultation, percussion and indagation. Then, too, the out-door obstetrical clinic has its advantages. There is a close similarity between this and the first experiences of the student in his practice. He will first be called to the hovels of poverty where he must depend upon himself, and where he is developed. It would be well for this training to follow that in the maternity, should both be at command. The ideal teaching of obstetrics, is:

1. A course of didactic lectures with quizzing.

2. The observation and conduct of a number of cases in a maternity under the careful supervision of a teacher quizzing following each case, the student making a written report.

3. The out-door obstetrical work where the student is left on his own resources, instructed to call his teacher in cases of complications, which instruction may be omitted with especially diligent students after considerable experience.

Would it not be wise for this Obstetrical Section of this, The American Medical Association, the light and guide of the American medical profession, urging it on to higher and grander views of medicine, to declare with one strong voice that the clinical teaching of obstetrics should be a part of the regular course in every recognized medical college in America. With the seal of such approval, those laboring in this field will be given great strength, courage and hope."

THE TREATMENT OF ACCIDENTAL ABORTION

was the subject of a paper by DR. BEDFORD BROWN, of Alexandria, Virginia. The paper was the result of the observation and care of more than two hundred cases of accidental abortion occurring during an experience of forty years. When called to a case he gives first ¼ gr. morphine and $\frac{1}{60}$ gr. sulphate of atropine hypodermically, and if there is much hemorrhage and depression $\frac{1}{60}$ gr. strychnine and 20 minims of ergot to induce contraction of the arterial system and strengthen the heart. Then douche the vagina thoroughly with hot water containing permanganate of potash. If the hemorrhage still continues, a pint of hot water containing an ounce or more of alum is thrown into the vagina. This cleanses it of all coagula and causes decided contraction of the os uteri and the formation of a fine clot in the cervical canal, which, acting as a plug, stops the hemorrhage for a time and does not increase the tendency to abortion as does the tampon. These measures failing, and matters becoming serious, he packs the vagina with iodoform gauze. This failing, he passes the dilator into the cervix and injects three drachms of ergot into the rectum. This induces forcible uterine contractions and forces the fœtus and secundines through the dilated os. In the event that the placenta is still retained, we then have one of the most embarrassing complications of abortion. He has little faith in ergot for the arrest of hemorrhage in retained placenta, or for the expulsion of that body. In the delivery of retained placenta he has long since discarded all instruments as hooks, forceps and curettes as unsatisfactory and relies on the fingers alone. At the fourth month, and after he has found it necessary to introduce the entire hand into the uterus, so as to be able to remove the retained placenta. In abortion the placenta and its retention are the cause of more anxiety and trouble and annoyance than all other questions. The resultant hemorrhage, the sepsis, the local inflammations, the organic changes, the sub-involutions and septicæmia arising from its retentions render its early, prompt and thorough removal a matter of paramount importance. Safety, speed and completeness are the principal questions for consideration. The use of the tampon to restrain hemorrhage in retained placenta is not wise if we can avoid it. The principal is unwise and unscientific. It seals up a putrifying, septic, generating mass of animal matter in an organ which we would not dare do in any other organ of the body. He was fond of the iodoform gauze, conical-shaped tampon introduced on the screw dilator into the cervix in cases at the third month dilating the os one and a quarter inches, then douching the vagina with a hot antiseptic solution and three drachms of the fluid extract of ergot thrown into the rectum. To counteract collapse he uses successfully morphine, atropia and strychnine hypodermically, also sometimes whiskey,

while he favors the injection of hot water 110°, with a little chloride of sodium and bicarbonate of soda. This is given by a hypodermic syringe holding an ounce, and twelve or fifteen of these are given, thus adding about a pint of warm fluid to the circulation, enema of hot beef tea and water is also an advantage. Absolute rest of mind and body in the recumbent position is very necessary.

A REPORT OF TEN SELECTED CASES OF LAPAROTOMY WITH REMARKS

was the title of a paper read by DR. J. H. MCINTYRE, of St. Louis. These ten cases were selected from a large number, and were chosen for their interest, instruction and variety. Two were the Battey-Tait operation, and in both there was no return of the menstrual flow, though the sexual function remained as before. The last and most interesting case of all was the removal of an œdematous fibroma of dimensions enormous, a very good photograph of the patient before operating being shown. Adhesions were found almost everywhere, the most difficult to manage being those attached to the liver and diaphragm. At the time of the detachment of the attachments to the diaphragm the patient ceased breathing, sank rapidly, and it was thought she must die on the table, but rallied under appropriate treatment. The case was manifestly one for drainage, but on account of the vast expanse of lax abdominal tissue he did not believe the serum would gravitate into Douglas pouch sufficiently, and decided to defer drainage till necessary. Forty-eight hours after the operation the temperature reached 103.5°, a few of the ventral sutures were removed and the abdomen flushed out with hot distilled water. Many blood clots and much serum were removed, and the temperature fell to 101° within six hours. She died of septicæmia the fifth day after operation. He regrets that he did not resort again to flushing out the abdomen, as it seemed to improve her so much. Drainage in this case, though tried later, did but little good. Keith removed an œdematous myoma weighing forty-two pounds; Tait, a uterine myoma weighing sixty-eight pounds. This woman's weight was, before the operation, 199.5 pounds; after, 106 pounds, having a tumor removed weighing 93.5 pounds, which he believes to be the largest reported of the solid variety. The doctor operates antiseptically. Bleeding points are ligated with fine Japanese cable silk. The pedicle is always ligated and pocketed. The ventral wound is closed with silkworm gut, threaded upon two long veterinary needles passed from within outward, always inclosing the peritoneum. He considers this the ideal suture, not only for the ventral wound, but also for the operations for lacerated cervix and peritoneum. For anæsthesia the doctor uses exclusively the bichloride of methylene in a Junker's inhaler, and now with an experience in over three hundred operations of various kinds, he has not infrequently seen nausea, but vomiting, only five or six times. When in doubt he always drains and prefers Keith's glass tube over all others. He uses but little opium or morphine on account of its locking up the secretions, but in case of pain uses antikamnia with happiest effects. He had much praise for the Staffordshire knot.

JOINT REFLEXES CONSECUTIVE TO PELVIC INFLAMMATION

was the subject of a paper by DR. W. W. POTTER, of Buffalo. He discussed more particularly of an exaggerated form of reflexes which were found about the larger joints, especially the joints of the lower extremities. On account of the close connection of the pelvic organs and the hip joint through the cerebro-spinal system these reflexes are often found there. He often finds severe intolerable aching in the lumbar region, low down backache associated with pelvic disease. He related an interesting case of pain in the hip joint occasioned by a fall, and which was treated for hip joint disease for a long time, and was finally found to be due to pelvic peritonitis. The points to which the doctor called special attention, the intimate anatomical relations between the pelvis and the large joints through the cerebro-spinal system, the importance of early diagnosis, and the important medico-legal questions which may grow up, and which did appear in the case reported.

The President, in his address, expressed his profound appreciation for the honor conferred on him by his election to this office, which had been filled by so many honorable men, first of whom was Dr. Alfred C. Post, of New York. It was his duty to trace the progress in obstetrics and gynecology, and the first words of his address included one great advance, viz.: Ladies and Gentlemen. He thought it a matter of importance that ladies had been admitted to this Section and to this work. He traced the evolution of the Section from the time when there was only a committee on obstetrics which reported maybe every two or three years. Then obstetrics was added to the section on medicine; then obstetrics, gynecology, and pediatrics were grouped together; then pediatrics went to itself; and now, on looking at this immense programme, he would say that there was abundant material for two Sections—one on obstetrics and one on gynecology. He then took up specialism in medicine, and then special societies. He hoped the transactions of the Section would now appear more exclusively in the journal of the Association, and did not favor their publication promiscuously. He again returned his extreme gratitude for the honor conferred on him by his election as Chairman of the Section.

THE PREVENTION OF PUERPERAL CONVULSIONS BY THE INDUCTION OF PREMATURE DELIVERY

was the subject handled ably by DR. H. D. FRY, of Washington. The doctor considered the chances of the child better from induced abortion than from living in the poisoned blood of the mother. Of 829 premature children, with an average weight of four pounds, 662 lived. Tarnier, by his system of gavage, saved 30 per cent. of children at the sixth month. The safest, simplest, and best method of inducing abortion is by inserting a bougie between the uterus and the membranes. The catheter is not to be used. It is a dirty, hollow instrument, which is not easily kept clean. The bougie should be inserted in a solution of bichloride for twenty-four hours, and then washed in boiled water. He does not advise abortion for simply the presence of albumen, but only when convulsions are threatened.

DR. BYRON STANTON, of Cincinnati, thought that the cases requiring induced labor for the prevention of convulsions were extremely few. The shock of induced labor is too great. If labor has commenced, it is our duty to hasten it, so as to abbreviate shock. Methods of inducing abortion are so well known as not to justify discussion here. The induction of labor should be deferred as long as possible. The presence of albumen or the presence of convulsions do not

necessitate it, unless they cannot be controlled in any other way.

Dr. W. W. Potter, of Buffalo, advocated the early induction of labor in threatened abortion.

Dr. A. F. A. King, of Washington, advocated the postural treatment, viz., the knee chest.

SPASMODIC STRICTURE OF THE URETHRA FOLLOWING LABOR

was the subject of a paper by Dr. Llewellyn Eliot, of Washington. He reported two cases, which, from their rarity, he thought of interest to the Association, both occurred the seventh day after labor.

LAPAROTOMY, WITH REPORT OF CASES,

was the subject of a paper by Dr. J. H. Branham, of Baltimore. His cases amounted to eleven. They were his first, and all occurred during the past eighteen months. They were of great interest to him, and he made them appear so to his hearers.

PAPILLOMATOUS CYSTOMA OF THE OVARY, WITH REPORT OF A CASE,

was the subject treated by Dr. A. B. Walker, of Canton, Ohio.

A STUDY OF INFECTION THROUGH THE DRAINAGE-TUBES

was a very scientific paper read by Dr. T. A. Robb, of Baltimore. The experiments were carried on in the laboratory of the Johns Hopkins Hospital, and showed an infinite amount of work on the part of the essayist.

The paper was discussed by Dr. Kelly, on whose patients the experiments had been performed, and who complimented the work very highly.

THE TREATMENT OF POSTERIOR FACE PRESENTATIONS,

By Eugene Bernardy, of Philadelphia. It has been his experience that if the chin presents posteriorly at the commencement of labor, and engages in the superior strait as such, unless changed by manual interferences, there remains posterior position during labor. The treatment of mento-posterior presentations practically resolves itself into two methods—version and craniotomy. He has failed to obtain any good results from the use of the vectis. The forceps should never be applied when the chin is to the sacrum. This is invariably followed by serious injuries to the mother, without due compensation. Version should only be performed when the presenting face has passed out of the mouth of the uterus. After the face has entered the pelvis I consider all attempts at version unjustifiable. Should all attempts fail to produce a favorable change in the presenting face, craniotomy should be performed—not after hours of ineffectual labor, when the mother's tissues are sodden and their vitality destroyed by the continuous pressure of an impacted face, but should be done at once.

PYOKTANIN AS AN ANTISEPTIC

was the subject of a paper by Dr. H. J. Boldt, of New York. The doctor has given this remedy a thorough trial, though only for a short time, but has been very favorably impressed with it. The suppuration ceases more rapidly under its use than under other remedies, and that without producing any noticeable effect on the system. He used a 1 per cent. watery solution, which is five to ten times stronger than is recommended. He has used it with success as as an intra-uterine medicament.

A CASE OF OBSTETRICS, FOLLOWED FOR MONTHS BY A DAILY DISCHARGE OF OVER TWO QUARTS OF WATERY FLUID THROUGH THE CERVICAL CANAL,

was the subject of a report and paper by Dr. John Hammond Bradshaw, of Orange, N. J. The child was a male, weighing 12.5 pounds, with a large ossified head; face presentation; podalic version, and child born dead. The sound on examination some weeks after labor passed readily through the fundus of the uterus to an almost limitless extent. The patient finally, after being placed on codeia, recovered from the flow, which resumed again on discontinuing the remedy, and again disappeared on resuming it. He is of the opinion, after six months observation, that this fluid comes from the peritoneal cavity, and that there is existing a hole through the uterine wall.

There were quite a number of other papers read by title or in full.

The officers elected for the ensuing year were: President, Dr. E. E. Montgomery, of Philadelphia; Vice-President, Dr. Bedford Brown, of Alexandria, Va.; Secretary, Dr. Franklin H. Martin, of Chicago.

On motion of Dr. Thomas Opie, of Baltimore, the number of papers at future sessions was limited to forty, and the Chairman was given power to eliminate to reduce to that number. There were seventy papers offered this time, and it was impossible to hear them all, though many were read by abstract.

Hydrastis in Phthisis —I have now been using it in the different stages of this disease over three years, and I think the result of my experience justifies me in asserting that in it I have found a remedy of remarkable efficacy in the treatment of phthisis, if properly and perseveringly used; and that the majority of cases, while in the early stages, can thus be restored to a condition of apparent health.

During the first month of treatment the night-sweats usually disappear, and the cough and expectoration are greatly diminished; the patient has a better appetite, better digestion, and gains in strength.

In cases advanced so far as to be incurable, the patients are so much relieved that they regard the remedy as indispensable to their comfort. Its hæmostatic properties render it of great value as a preventive of hemorrhage.

I obtain the best results by using it in combination with chloride of sodium, 1 part of the fluid extract of dydrastis can. to 3 parts of a saturated solution of the salt. This fact may lead to the supposition that salt is the principal agent in effecting the cure; but I have obtained the same results by using it mixed with glycerine and water.

The volume of vapor should be moderate at first, and gradually increased from day to day as the patient becomes accustomed to its use, after which I advise deep inspirations, to insure the entrance of the vapor to the remote air-cells.

In most cases I continue the inhalations once or twice daily until I observe a decided improvement, after which I regulate the frequency according to circumstances.

Care, of course, should be taken to place the patient under as favorable hygienic conditions as possible.—Palmer, *N. E. Med. Monthly.*

The Times and Register

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MEDICAL EDUCATION.

THE failure of the proposed law to establish a Board of Medical Examiners, is popularly accredited to the Faculty of the Marion-Sims Medical College. This is the latest aspirant for honors in medical teaching in St. Louis. The Dean, Dr. Young H. Bond, has come out very strongly against what he terms a "time standard." He thus states his objections to a three-course requirement:

"1. It possesses an erroneous basis, viz.: the standard of time and not of knowledge.

"2. It is unfair in that it takes no cognizance of the superior intellectuality and industry of students.

"3. It allows no credit for previous work and study, no matter how extensive, unless pursued regularly in a recognized medical school.

"4. It is unjust because it works a hardship upon deserving young men who happen to be poor in worldly goods; the rich are thus given the advantage and preference.

"5. It perhaps would encourage laxness of teachers and indifference of students.

"6. The ends would not be accomplished, because second-class colleges would exist under its enforcement just as well as now, and they would be equally well patronized."

The standard cannot be said to be one of time and not of knowledge, unless there is an agreement, expressed or implied, to graduate the student in a given time, regardless of his knowledge. The contention of the advocates of the three-year graded course is that a thorough and systematized acquaintance with the science and art of medicine cannot be obtained in less time and without a proper grading of the course. We are not prepared to say that three years is enough for this purpose, but we do claim that the student is much better educated than under the old system. The public sentiment demands that something very different shall be given than the old course of lectures, repeated annually. The topics embraced in the modern medical course are such as will fully occupy the time of any medical student for three years, when arranged systematically, like the curriculum of a literary college. The demand for the adoption of such a system is simply a demand for the abandonment of that flimsy pretense of a medical education, the two-year non-graded course. In the days when the student put in years of apprenticeship in his preceptor's office, before attending lectures, such a system had its advantages. It has no excuse for existence now. To the second point we may say that, no matter how great is the intellectual power of any particular student, he has no business to rush hastily through his college course. Even if he can in two years cram enough facts to enable him to reach the required average of questions answered, he cannot properly be said to be educated. The brighter the student, the greater is the wrong done him by filling his mind with half-learned, ill-digested matter.

The third objection would hold good, if it were not that the laboratory and clinical work that form an integral part of each year's studies, require the student's presence at the school. Were the art of medicine simply dependent on learning certain lessons by rote, this could be done at home as well as abroad.

The fourth objection is very flimsy. Every year we have students who work their way through college, and "deserving young men who happen to be poor" can do the same thing anywhere if they are the right sort. If they are not, there is the less reason for pushing them through college with too little preparation.

Just why the graded course, with its vastly increased work, should encourage laxness and indifference of teachers and students we are unable to comprehend, and consequently cannot reply to this point. The greatest objection to the graded course lies in the contrary fact; the enormous increase in the labor of the teachers necessitates a corresponding increase in the number of the staff, or in the time devoted by each member to teaching. The first means low salaries; the second, the giving up of private practice. The graded system, then, means a call for State or endowed colleges, as otherwise the fees would be too large for the students to pay, or the salaries too small to secure good men.

As to the last objection, we reply that long experience has taught us not to expect the millennium, nor to reject a real improvement because it falls short of perfection.

In Philadelphia we see a good deal of the poor but meritorious youth, who shirks the entrance examinations of our colleges, and betakes himself over the border to the institutions that are generous in the matter of fees and oblivious in the way of requirements. Then in two years the youth comes back to us with a diploma; and we wonder, when we examine into his stock of medical lore, at the marvelous microscopic technique of the men who found sufficient reason to grant him a degree.

With these men come the better representatives of the two-year schools; men who answer simple questions smartly, until the examiner is tempted to look beneath the surface, when, behold, there is only the

thin veneer of the quiz-compend, and no substance back of it. The two-year course begot the quiz-compend, and the compend is simply ruin to any student who has wit enough to be a physician. Men who really have capacity for better things come to us laden with nothing but this Brummagem stuff. But as to taking time to investigate, to reason, to think, with the great masters of medical science, that is not to be thought of, in connection with the two-years' course.

Annotations.

DEATH OF THE LEIDY BROTHERS.

IT was with the deepest regret that the numerous friends of Prof. Joseph Leidy were informed of his death. For many years he has been a tower of strength to the University, where his place as a teacher may be easily filled, but not his place as a man, loved and honored above all his fellows, excepting only Dr. Agnew. Within two days of Prof. Leidy's death, his brother, Philip Leidy, also succumbed to the same disease, pneumonia. Philip Leidy had as many friends as he had acquaintances. He belonged to a race of big men—big in body, brain, and heart—that seems somehow to be becoming a rare species of late.

CITY HOSPITAL EXAMINATIONS.

THE result of the last examination for residents for the Philadelphia Hospital again demonstrates the superiority of the graded course. The honors are easily with the Women's College, which puts in four out of five candidates. Her representatives were certainly erudite—copiously so—and fairly earned their success. The women, however, do not make as good residents as their written examinations would seem to indicate. The University has reason to be proud of her candidates this year, who showed a decided superiority over those sent up last spring. This is especially notable in the Department of Obstetrics, where Dr. Hirst is doing a work that deserves special commendation. Singularly enough, the poorest answers were given to the question relating to the instruments required for an operation. Most remarkable lists were given, comprising elaborate antiseptic dressings on the one hand, and omitting needles, sponges, anæsthetics, etc., on the other. We propose giving some analyses of these answers, to show what is the teaching of the colleges at present.

PROFESSIONAL DISTRESS IN ENGLAND.

THE profession in England appears to be in a bad way. The *Hospital Gazette* mentions a number of bankruptcies, seizures for debt, etc., among the London physicians. Then comes a series of illustrations of the manner in which the struggling practitioner endeavors to keep his head above water. Huge signboards offer free advice on certain days, and for a fee of four cents at other times. Others advertise their honorable degrees, with the additional inducement of "moderate charges." Another labels his wares with price tickets, like a Jew clothing store window. Still another distributes cards, and then calls to take them up, using the opportunity to sell his pills, etc. The *Gazette* attributes these evils to "cheap dispensaries and bogus hospitals; these, no doubt, being the outcome of an overcrowded state of the profession." This condition of things is simply the result of the application of the law of supply and demand. As long as the supply of doctors is too great, while the emoluments are heaped up in the hands of a few at the top of the list, the professional grade is bound to be lowered. One of the Georges said that a man could not be a gentleman on less than £100,000 per annum; and the average physician won't starve for the sake of a high ethical standard. The only remedy is to limit the number of physicians who are allowed to practise, as is done in Germany with the druggists.

Book Notices.

THE THREE FATES (Initial Chapters), F. MARION CRAWFORD'S new novel, is the great feature of the May number of the *Home-Maker*.

The story is of a young journalist, and the scenes are laid in New York. The studies are realistic, and the gradual development of character intensely interesting. It is all the better for being purely American, and dealing with the practical life and questions of to-day.

INTERNATIONAL CLINICS. A quarterly collection of clinical lectures on Medicine, Surgery, Gynecology, Pediatrics, Neurology, Dermatology, Laryngology, Ophthalmology, and Otology, by professors and lecturers in the leading medical colleges of the United States, Great Britain, and Canada. Edited by JOHN M. KEATING, M.D., and J. P. CROZER GRIFFITH, M.D., Philadelphia; J. MITCHELL BRUCE, M.D., F.R.C.P., and DAVID W. FINLAY, M.D., F.R.C.P., London. Illustrated. Price per volume: Cloth, $2.75; half leather, $3.00. April, 1891. Philadelphia, J. B. Lippincott Company, Publishers, 715 and 717 Market street.

This initial volume contains thirty-six clinical lectures—some excellent; some passable; some trash. It is a serious question if one tenth of the stuff printed as clinical lectures is of the slightest value to any one but the author.

TRANSACTIONS OF THE NEW YORK STATE MEDICAL ASSOCIATION FOR 1890. Vol. VII. Edited for the Association by E. D. FERGUSON, M.D.

A handsome volume of 634 pages, containing the set addresses and twenty four papers. Among these that of Dr. Brush, on "The Mimicry of Animal Tuberculosis in Vegetable Forms," deserves special notice. Dr. Cronyn's address on medicine is pleasant reading. Dr. Manley's paper on abdominal cysts is also of interest.

FEVER: ITS PATHOLOGY AND TREATMENT BY ANTIPYRETICS. Boylston Prize Essay of Harvard University, 1890. By HOBART AMORY HARE M.D. Published by F. A. Davis, Philadelphia and London. Cloth; pp. 166. Price, $1.25.

In this book the author discusses antipyrine, antifebrine, thallin, and phenacetine at length, and makes briefer reference to the salicylates and cold bathing. In every respect the work is of a higher grade than that displayed in the two other books by this author, previously noticed in this journal. More care has been given to the expression, and the tone is more moderate.

PRACTICAL NOTES ON URINARY ANALYSIS. By WM. B. CANFIELD, M.D. Published by Geo. S. Davis, Detroit. Cloth, 50c.; paper, 25c. Illustrated with a number of cuts, and with Vogel's Color Scale.

The Medical Digest.

A MODIFICATION of the Langlebert-Horand bandage in the treatment of orchitis and epididymitis is highly recommended by Martin and Wood in *University Medical Magazine*, May, '91. The body of the suspensory is made of mackintosh, lined with stout cloth, cotton wool, or cotton batting is substituted for absorbent cotton, correcting the tendency to wadding.

ABORTING PNEUMONIA.—The following treatment is reported by Oliver Rossiter in the *Medical Record*, May, '91, as aborting pneumonia (acute lobar) in its very earliest stage: The patient is given a hot pediluvium and some mild counter irritant; then:

℞.—Ext. jaborandi fld..... f℥iij.
Liq. ammon. acet..... f℥j.
Tinct. aromat..... f℥ij.
Syr. aromat..... f℥j.
Aquæ dest.....q s., ad. f℥iv.
M.—Sig. Tablespoonful every hour until thorough effect, then half doses every two hours.

Five cases are quoted—four successful, one failure (the case turning out to be pleurisy).

CASTRATION.—A young man, aged twenty-four years, married, a barber by trade, of slight build and of nervous temperament, consulted us a year ago complaining of severe headace, vertigo, and, occasionally, momentary loss of sight. He was severely reduced in flesh and strength, and very melancholy. Had also been suffering from gradual loss of sexual ability. He also complained of pain in left testicle, which was somewhat enlarged and tender. After four weeks of constructive treatment there was no improvement, and we advised the removal of the affected gland. This operation was followed by the happiest results—a return of health and strength, and, to his surprise, full sexual capabilities.

—J. B. Riley, *West. M. and S. Reporter.*

TEST OF PURITY FOR PHENACETINE.—If 2.5 gm. chloral hydrate placed in a small test tube be melted by immersing in a water bath and 0.5 gm. phenacetine added, a colorless solution will result upon agitation, providing the phenacetine be pure; keeping the test-tube in the water bath for five minutes produces no change, but longer heating (fifteen to thirty minutes) will produce a rose color. In carrying out this test, it was noticed that some specimens of phenacetine gave, on heating for two or three minutes, an intense violet coloration; this was found to be due to contamination with *p*-phenetidine, one of the intermediate products in the manufacture of phenacetine. Fractions of a milligram will give a very distinct coloration. As *p*-phenetidine is poisonous, producing, in continued small doses, serious kidney troubles, this impurity may explain the bad effects obtained in cases with phenacetine.

—*Am. Jour. Pharm.*

IODOFORM GAUZE IN POST-PARTUM HEMORRHAGE.—Velitz describes thirteen cases where he employed plugs of iodoform gauze for flooding, during and after delivery, and (in two cases) in the course of the puerperium. He finds that iodoform gauze is a perfectly aseptic medium in obstetrics. It is of permanent value as a hæmostatic in flooding from atony of the uterus. Only a small amount of the gauze should be packed in the uterus, so that retraction of that organ may not be hindered. Iodoform gauze is useless, and indeed dangerous, in uterine hemorrhages due to abnormal condition of the blood. Being hygrometic it promotes hemorrhage. In this form of flooding weak solutions of perchloride of iron act best. Hemorrhage from high laceration of the cervix can only be safely checked by aid of the suture. When bleeding occurs after delivery or late in childbed, through the presence of a fibroid, the only effectual check is a thorough plugging of the uterine cavity with iodoform gauze; the cavity must be well stuffed with that material.—*Brit. Med. Jour.*

TREATMENT OF CONDYLOMATA may be summed up as follows:

1. Many disappear when kept dry by the application of powders, the best being either calomel or boracic acid.

2. In some cases an astringent, such as tannic acid, will effect a cure; but many cases require more radical measures.

3. In the more severe cases, all treatment should have as its object the destruction of the base of the growth. In ordinary cases, electrolysis is the best treatment. In very severe cases, the galvano-cautery is the very best treatment, as there is no hemorrhage, and little pain. The Paquelin cautery and escharotics almost invariably leave a painful wound, confining patient to bed.

4. After removing condylomata, the condition that caused them should be treated, otherwise they are apt to redevelop.

—Waldo, in *International Jour. of Surg.*, April, '91.

MENTHOL IN THE LOCAL TREATMENT OF ERYSIPELAS.—On February 10, 1891, at 10 A.M., the patient was seized with a chill. He walked home, about a mile, and went to bed. Ordinary domestic remedies and diffusible stimulants were employed, but the chilly sensations did not disappear for nearly two hours. Beside the sensation of cold there was violent retching, but without emesis. The temperature record is as follows:

Feb. 10, 1 P.M.	101.2	Feb. 12, 9 A.M.	101.2
" 10, 7 "	102.8	" 12, 2 P.M.	101.4
" 11, 9 A.M.	102	" 12, 10 "	101.1
" 11, 4 P.M., acetanilid.	104	" 13, 9 A.M.	99
" 11, 6 " "	103 8	" 13, 10 P M.	99.8
" 11, 10 "	103	" 14, 9 A.M.	98.7

Partly on account of the writer's lack of faith in internal medication in erysipelas, partly on account of the chronic lithemic condition of the patient and the irritability of the stomach, the treatment was limited, with the exception of a few doses of acetanilid and some other symptomatic treatment, to the local application of a 15 per cent. solution of menthol in liquid petrolatum.

—Benedict, *Buffalo M. and S. Jour.*

PROLAPSED FUNIS.—On March 3, 1890, I was called to attend Mrs. G. in confinement. My patient was of medium size, well nourished and a fairly vigorous woman, thirty two years of age. She had been attended in her previous labors by Dr. Bodkin, of this city, and all three were described as having been difficult and requiring instrumental delivery.

Upon examination, the cervix was found to be well dilated and the bag of waters intact (though rupturing very soon); the funis was prolapsed to quite an extent, and the head presented at and was partially engaged in the superior strait, the position being right occipito-anterior.

The pelvis was narrow—a condition most frequently existing where this accident occurs—and seemed to prevent delivery except with instrumental aid.

The patient was place in a knee-chest position, which was somewhat exaggerated by the tilting of the mattress, preparatory to returning the cord by Prof. Thomas' method. In attaching the sponge —which had been thoroughly cleansed in boiling water—to the cord, I made use of the following device: A tape, one inch wide and twenty inches long, was bifurcated at each end about eight inches. Three-quarters of an inch from the point of bifurcation of one end, a button-hole slit was made in the broad part of the tape, leaving something over two inches of broad tape intact.

The sponge was secured by tying the bifurcated ends nearest the button-hole around it, and then drawing one of these through the button-hole and again tying. The bifurcated ends of that part of the tape farthest from the button-hole were then passed around the prolapsed funis, and one end was thrust through the button-hole and the ends tied securely, and further tied around the sponge.

It is claimed for this method that the broad bearing of the tape lessens the danger of destroying the circulation between the mother and child, and that the sponge is held closely adjacent to the cord without constricting the latter nor slipping from either.

Passing a loop of the narrow part of the tape into the eye of a gum elastic catheter and securing by means of the stylet, and pressing forward and upward, with the catheter in my left hand and aiding and guiding the sponge with my right, the cord was passed one side of the sacral prominence, beyond the head of the child and into the uterine cavity.

Still keeping the patient in the same position, I proceeded to apply the forceps.

This was accomplished by reversing the procedure usual when the patient lies in a dorsal position, though still preserving the relative position of the forceps to the head of the child and the pelvis of the patient, the upper blade being passed into position first and the lower blade last.

Traction was then made and the head engaged in the superior strait, when the patient was laid on her side, and the delivery accomplished of a living child as in a case of ordinary forceps application.

The uterus was douched with a solution of biniodide of mercury, and the mother recovered without the occurrence of fever or any other untoward event, as the result of the treatment she had received.

—Emery, *Brooklyn Med. Jour.*

Operation for Peritonitis.—There are, then, a few conclusions that may be summarized. They are simply the outcome of my own thought, and may not have any value, but they are as follows:

1. That in typhoid-perforation operation is useless.
2. That in traumatic general peritonitis, and in all cases of general peritonitis, the abdomen should be opened, washed out and drained, and the cause of the peritonitis found and removed.
3. That in cases of localized peritonitis, and in obscure cases of injury not followed by general peritonitis, it is better to follow an expectant plan of treatment, unless abscess formation can be made out.
4. That in all cases of abscess formation, opening and draining will give the most rapid convalescence, and will prevent unfavorable rupture into other parts.
5. That in view of the complications that may be found after opening the abdomen, the best interests of the patient will be consulted by having the operation done by some one accustomed to do abdominal surgery.—Ross, *Canada Lancet.*

FRENCH NOTES.

A. E. Roussel, M.D.

Remedies for Pertussis.—Boas has passed in review all the medicaments recently recommended for this disease.

The following is the enumeration:

1. *Antipyrine.*—Administered with success by Gessner and Sonnenberger, in doses of from ½ to 15 grains.
2. *Antifebrine.*—Recommended by Lowe and K. C. Haw, in doses of from $\frac{1}{20}$ to ½ grain.
3. *Phenacetine.*—Mentioned by R. Heimann.
4. *Resorcine.*—Indicated by Moncorvo, Bouchut, Callias, Maurias, and Guasta. Jayme, Selrado, and Muydan have fully confirmed the good results of this medicament in pertussis.
5. *Sulphurous Acid* (*in fumigations*).—Proposed by Manly; has given brilliant results in the hands of Weissenberger.
6. *Bromoform.*—Introduced by Steep; is strongly recommended by Lowenthal H. Neumann and L. Fisher, and also by Nauwelaers.
7. *Chloroform Water.*—Stepp as well as Schilling has obtained good results from its empioyment.
8. *Hydrate of Terpine.*—Given by Manasse, in capsules of 1 to 15 grains. Talamon has also obtained good results with the medicament.
9. *Ouabaine.*—The results obtained by W. Gammel not being greatly superior to those obtained by the administration of other remedies above mentioned, we presume that there will be no haste to introduce in infantile therapeutics so dangerous a remedy.—*La Medecine Moderne.*

The Treatment of Tuberculosis by Artificial Atmospheres Under Pressure.—The following conclusions are derived from a paper read by G. See before the Academie de Medecine:

1. The treatment consists in artificial atmospheres under pressure.
2. The sojourn of the patient in any stage of the malady should be from three to six hours a day in an apparatus containing compressed air, saturated with fumigations of creasote mixed with eucalyptus.
3. Simple inhalations of creasote or of eucalyptus are without result; compressed air alone is equally useless. The combination of the two methods causes an immense absorption of creasote by the entire pulmonary surface.
4. Creasote administered internally is not supported more than a few days or weeks. And a prolonged impregnation is necessary that will spare the stomach. Nor can subcutaneous injections of creasote be continued for the necessary length of time.
5. Creasote, of all the antiseptic medicaments, is the best supported, particularly in the form of permanent vaporization under pressure. Patients can live in this atmosphere for several months without bad results.
6. The physiological effects are most favorable; that which is most remarkable is the return of the appetite in all the cases, even when far advanced.
7. This increase of appetite permits a varied diet, and postpones the gastric troubles—perhaps the gastric lesions, which rapidly compromise the life of the patient.
8. On account of the above fact, there is a marked augmentation of bodily weight, and at the same time a manifest increase of strength.

9. The fever, no matter how intense, is reduced in the majority of cases to 37° in the morning; 37.5 at noon and at night, and continues so indefinitely after it reaches this point, which generally occurs in from eight to fifteen days.

10. Hemoptysis, rather than being a counter-indication, is cured very rapidly. I have observed a cure seven times out of seven.

11. The cough diminishes; the bronchial secretion is profoundly modified. The sputa becomes less purulent, and loses its odor; this is also true as regards bronchorrhœa and in the chronic catarrhs.

12. The dyspnœa ceases for good, whether the bronchitis be recent or ancient.

13. The malady is reduced to the local condition which does not disappear, but remains latent; this can be proved by auscultation; the râles remain present, but are limited to the cavities, while the bronchial râles all disappear.

14. This atmosphere of creasote under pressure constitutes therefore a means, not of definite cure, but of complete arrest of the malady.

15. All the secretions (mucus, pus, and blood) are profoundly modified. The general condition becomes normal.

16. The malady becomes free of all complication, and is reduced to its most simple expression, so that the patient does not consider himself affected, and the physician can only find traces of the bacilli.

—*Bulletin de L'Académie de Médecine.*

GALVANO CAUSTIC TREATMENT OF HYPERTROPHY OF THE PROSTATE (M. Bottini.)—This method consists in the use of a galvano-cautery to completely destroy the prostatic tumor, or else simply to perforate it so as to procure free passage for the urine. The new apparatus of Bottini operates by means of accumulators, and produces so intense a heat that the operation requires but one séance of a few minutes duration.

Of 77 cases of hypertrophy of the prostate treated by him, Bottini obtained a complete cure in 52, a considerable amelioration in 11, and in but 12 cases only there was no obtainable result. Two patients died, but this was previous to the invention of the perfected apparatus which Bottini now employs.

—*Revue Internationale d'Electrothérapie.*

PHYSIOLOGY AND PATHOLOGY OF THE ANAL REFLEX (M. Rossolimo.)—When the skin in the neighborhood of the anus or the mucous membrane is touched, we observe a reflex contraction of the sphincter. This reflex almost always exists in healthy individuals, and if very pronounced the anus is drawn upward. The anatomical center of this reflex is probably situated in the lumbar portion of the cord, if we may depend upon experiments made upon dogs. The diminution and absence of the reflex have been observed in tabes, multiple neuritis, sciatica, and the myelitis of the inferior portions of the cord. An exaggeration of the same has been noticed in myelitis of the upper regions of the cord, and in neurasthenics with cutaneous reflexes.—*La Tribune Médicale.*

TREATMENT OF ACUTE CORYZA (P. Tissier.)—Acute coryza, the ordinary cold in the head, does not very often require medicinal treatment. But if we consider that this local inflammation is often the prelude to that of the larynx, of the trachea, and of the bronchial tubes; if we take into account the general malaise, the frontal cephalalgia, the alteration of the voice which results from nasal obstruction, the possible auricular complications, it may not be without interest to know that we can often, by a simple medication, employed at the beginning abort, or at least attenuate, the troublesome symptoms of coryza.

Repeated attacks in the same individuals may be due to trouble of the general nutrition, which it is necessary to treat first of all. But an examination of the nose is indispensable in all cases, as it often shows that the frequency of the attack is due to a local lesion, which proves to be the exciting cause, and which consequently should be attended to.

Hayem recommends inhalations of a mixture of carbolic acid and ammonia. The following formula is often employed:

℞.—Carbolic acid (pure)	75m.
Liquid ammonia	75m.
Water	4 3.
Alcohol	2½ 3.

Pour a few drops on blotting paper and inhale the vapor for several minutes.

This will relieve, but not always arrest the progress of the inflammation.

We should not depend upon atropine, notwithstanding that a great deal has been claimed for it.

Nasal injections are of no use at the beginning.

Antipyrine may be of use to combat the cephalalgia. The following has given the best results in our hands:

℞.—Sub-nitrate of bismuth	90 grains.
Pulverized benzoin	36 "
Boric acid (not pulverized)	24 "
Menthol	2 "

Use as a snuff 5 or 6 times daily after clearing the nose. We may add ⅙ grain of morphine, and 15 to 20 grains of calomel. Camphor often fails. Ichthyol, recommended by Unna, has not as yet been thoroughly tested. For the external irritation of the nostrils, as well as the upper lip, the following pomade gives good results:

℞.—Sub-nitrate of bismuth	2½3.
Vaseline	2½3.

—*Annales de Médecine.*

CONSTIPATION (Lutard):

℞.—Citrate of iron and ammonium	30 grains.
Fluid extract of cascara sagrada	35m.
Saccharinie	8 grains.
Water	2½3.

One-half teaspoonful before each meal.

—*L'Union Médicale.*

Medical News and Miscellany.

IT is proposed to utilize sewage sludge for the manufacture of cement.

DR. WEIGHTMAN WALKER, a grandson of William Weightman, and a graduate of the Medico-Chirurgical College, died recently at Denver.

FROM the announcement of the Long Island College Hospital for 1891, we learn that

The regular course of lectures will hereafter be six months in duration.

Three courses of lectures will hereafter be required for graduation.

Joshua M. Van Cott, Jr., M.D., has been appointed Professor of Histology and Pathological Anatomy, *vice* Frank Ferguson, M.D., who has resigned.

The medical class of the present year numbered 250; the graduating class, 82.

Twenty thousand eight hundred and thirty patients were under treatment in the hospital and dispensary during the year 1890.

It will be news to many to learn that when asafœtida is distilled *in vacuo*, one of the products is of exceedingly pleasant odor. So at least a German chemist announces. Probably the odor resembles limburger cheese.

Singularly, out of the four medical colleges of Philadelphia, three have vacancies in the Chair of Practice; the Jefferson, Medico Chirurgical and Woman's Colleges having been resigned by Da Costa, Waugh and Walker, respectively.

Oculine—a preparation intended for eye diseases generally, but more especially to impart brilliancy to an otherwise fishy optic—is stated by Dr. F. Hoffman (*Rundschau*), to be composed of water containing 1 per cent. of boracic acid and 5 per cent. of glycerin.

Increase in the use of Alcohol in France.—From late returns it is found that the consumption of alcohol in France is largely increasing, and this despite the fact of the decrease in population. Can it be shown that there is a relation between these two processes?—*The Journal.*

Since the opening of the Chicago Pasteur Institute (July 2, 1890), fifty-five persons have received treatment.

Fifty-one were bitten by dogs, three by cats, and one by a skunk.

Thirty-three persons were bitten by animals recognized and ascertained of being rabid, by experiments made upon rabbits, by the death of persons and other animals bitten by the same, or by symptoms shown during life, and twenty-two persons were bitten by animals strongly suspected of being rabid.

All the persons treated are now enjoying good health.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from April 28, to May 4, 1891.

By direction of the Secretary of War, Lieutenant-Colonel James C. McKee, Surgeon, having been found incapacitated for active service by an Army Retiring Board, is relieved from further duty as attending surgeon and examiner of recruits at Philadelphia, Pennsylvania, and will proceed to his home, and report by letter to the Adjutant-General of the Army. Par. 3, S. O. 96, A. G. O., Washington, April, 28, 1891.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service for the two weeks ending May 2, 1891.

Austin, H. W., Surgeon. Detailed as member of Board of Examiners, Marine Hospital Service. April 21, 1891. Detailed as Chairman of Board for Physical Examination of Officers and Candidates, Revenue Marine Service. April 29, 1891.

Godfrey, John, Surgeon. Detailed as member of Board of Examiners revoked. April 21, 1891.

Irwin, Fairfax, Surgeon. Detailed as Recorder of Board for Physical Examination of Officers and Candidates, Revenue Marine Service. April 29, 1891.

Carrington, P. M., Passed Assistant-Surgeon. To proceed to Fernandina and Jacksonville, Fla., as Inspector. May 1, 1891.

Stimpson, W. G., Assistant-Surgeon. When relieved, to proceed to Savannah, Ga., for temporary duty. May 2, 1891.

Omitted from Previous List.

Brown, B. W., Assistant Surgeon. Detailed as Medical Officer, Revenue Steamer "Rush," during summer cruise. April 14, 1891.

Notes and Items.

FREE MEDICINE AS A BID TO CONVERSION.—The whole of the population of the village of Monteynard, near Grenoble, has seceded from the Romish Church and embraced Protestantism under peculiar circumstances. The parish priest was extremely popular with the members of his flock, owing to the fact that, having studied medicine in his younger days, he readily supplemented his theological teaching by some gratuitous practice of the healing art, often supplying his poorer parishioners with medicine, also free. Unfortunately, the reverend gentleman had fallen away from the path of virtue. For his moral delinquency he was removed. But on the arrival of his successor the population turned out and received him with volleys of stones. As a protest against the dismissal of the offending abbé, they have embraced Protestantism, and have petitioned the Prefect of the Department for permission to use a school-room for Divine service.

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REGULAR SESSION OF 1890-91, OPENED SEPTEMBER 15, 1890.

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